correct age

1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-4

03218

CERTIFICATE OF DEATH

2 HIGHAL DESIDENCE (HOME) OF DECEASED.

Reg. Dist. No. 302

1. TERCE OF DERTI	instor				(For newborn infants give residence of mother)	
County			State Maryland County Washington Rarerstown			
			Hospital, institution, or street	et address where	death occurred:	
25 Tairgro	ound ar	renue			(If rural, give LOCATION)	
How long in hospital or inst	itution?	******	•••••••••••••••••••••••••••••••••••••••		2.(a) If veteran, name war	
3. (a) FULL NAME	Nan	rgaret	M. Baker		3. (b) Social Security	Number
4. Sex 5.	Color or race	6.(a)Single, 1	married, widowed, or divorced		MEDICAL CERTIFICATION	
Temale \	White	Wid	ow		20. DATE OF DEATH Warch 19, 1947 19.	., at
		6,(c)	ker		21. I CERTIFY that death occurred on the date above stated: that I attended december 1943 March intermittently 4 or 5 months ago	
deceased (mo., day, yr.)	July	11, 18	76			
8. AGE: Years	Months		If less than one day		Immediate cause of death	
70	8	8	hrs	min.	disease	indef
10. Usual occupation	Hor	e Duti			Due to	***************************************
El 13. birinpiace	77 6 770 7	0 = 0 = 0			(Include pregnancy within 3 months of death)	
14. Maiden name	leiters	sburg,	Id.		Major findings of operations	
16. Informant I TS.	. Willi	am Roh	rer		Autopsy results.	
10. Intormant				***********	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
17	removal, Which	. Date thereof	larch 22- (month) (day) (yes	-47 ar)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
					Injured at home, tarm, Industry, public place (where?)	
Location Teitersburg, Vd.			. 18	Means of injury Injured at work?		
		Krais	do		Bo By Gunila	my.
19. Mar 2 (Date rec'd by registr		110	talf Bow	egistrar	23. SIGNATURE N. D. 148 W. Washington St Date signed	or other March

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MAR 24 1947

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Diat. No. 302 (

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington	state Maryland County Washington		
City or town. Hagers town (If outside city or town limits, write RURAL and give nearest town)	Hagaretown		
How long in above place of death? 17 Years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 222 South Locust St.		
221 South Locust St.	(If rurai, give LOCATION)		
How long in hospital or institution? None	2.(a) If veteran, name war. None		
3. (a) FULL NAME	3. (b) Social Security Number		
PHILIP KELLER BARLUP	214-09-4029		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION P		
Male Whitec Married	20. DATE DF DEATH March 19 1947 19 ,at 4.55 M		
6.(b) Name of husband or wife. Sophia.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	6 Max 19.47 6928 May 19.47		
7. Birth date of A A A A A A A A A A A A A A A A A A	and that I last saw h MM alive on 18 Max 18 47		
deceased (mo., day, yr.) August 10 1880	Immediate cause of death		
8. AGE: Years Months Days If tess than one day	Coronary achieus 13days		
66 7 9hrsmin.			
9. Birthplace Leitersburg Wash, Co. Md. (Town. county, and atate) Tanners Hide and Tallow Co	Due to.		
	Due to		
11. Industry or business Truck Driver			
E 12. Name	Other conditions		
13. Birthplace Leitersburg Md.			
E 14. Maiden name Mary Izer	(Include pregnancy within 3 months of death)		
	Major findings of operations		
	Date of op		
16. Informant Mrs. Sophia parlup	Antopsy results		
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 17. Burial (Buriai, cremation, or removal, Which?) Cemetery or crematory Hagerstown Md.	22, VIOLENCE: If death was due to external causes, fill in the following;		
(Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Rest naven Cemetery	Where did Injury occur?		
	Injured at home, tarm, Industry, pub ¹ ic place (where?)		
18. Funeral director Andrew K. Coffman	Meens of Injury Ip/Gred at work?		
Address Hagerstown Md.	7- 4 Trus Du		
Man >> 117 19 110	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Address 2 30N Poloma Date signed 20 Mar 47		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1947



Reg. Dist. No. 302 6

3. (b) Social Security Number

Injured at work?

CERTIFICATE OF DEATH

ACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
own Hagerstown (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Washington
g in above place of death? 2 Weeks	City or town Hagers town R#1 (If outside city or town limits, write RURAL and give nearest town)
, Institution, or street address where death occurred:	Street No. Near Chewsville
Washington County Hospital	(If rural, give LOCATION)
In hospital or institution? 2 Weeks	2 (g) If veteran name war W. W. # 2 33 723 202

Where did tnjury occur?

Means of Injury

23. SIGNATUR

How long in hospital or	Institution?2	Weeks	***************************************			
3. (a) FULL NAME						
HOWAR	D FRANKL	IN BE	CKLEY			
4. Se1	5. Color or race	6.(a)Single	e, married, widowed, or divorced			
Male	Male White Married					
6.(b) Name of husband			03			
7. Birth date of	a) April		:) If allve, give ageyears 324			
8. AGE: Years			If tess than one day			
22	11	4	hrs. min.			
7964	9. Birthplace Hagerstown Washington Co. Mdl. (Town, county, and state) 10. Usual occupation Weaving Machine Operator					
11. tadustry or business						
13. Birthplace						
14. Malden name Myrtle Crabill 15. Birthplace Hagers town Ma.						
	Edgar B		<i>T</i>			
17. Burial.			of 3/31/47 (month) (day) (year)			

Cemetery or crematory Rest Haven Cemetery.

Andrew K. Coffman

Hagerstown Md.

Hagerstown Md.

(Date rec'd by registrar)

	217-12-1045
MEDICAL C	ERTIFICATION
20. DATE OF DEATH March 28,	19.47 ,at 11P
21. I CERTIFY that death occurred on the date about 19.	ove stated: that I afterfield deceaped from
and that I last saw halive on	19
Immediate cause of death.	OURATION
Immediate cause of death for the contract of t	-
Due to April Ducion	· Course

Oue to	7
Other condition Sere Concle	ne soday
(Include pregnancy within 3	months of death)
Major findings uf uperatious	v
	Date of op
Autopsy results	
22. VIOLENCE: If death was due to external car	ises, fill in the following:
Accident, suicide, or homicide	Date of

(City or town)

Injured at home, farm, Industry, public place (where?) ...

PLAINLY, is especially PLEASE

1. PL County. City or

Hospita

ADING INK. Supply every item of information carefull; Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

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APR 3 1947

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VS A15

(Date rec'd by registrar)

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

* @3221

CERTIFICAT	E OF DEATH Reg. Dist. No. 362	
1. PLACE OF DEATH: County Washing tax City or town (If outside ity or town limits, write RURAL and give nearest town) How long in above place of death? 2 W. C. K. Hospital, institution, or street address where death occurred: Garlock Convolescent Home How long in hospital or institution? 2 W. C. K.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Permanent Country City or town. Country Country (If outside city or town limits, write RURAL and give nearest town) Street No. 147 S. BROJA S. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME HMY E. Benden	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced Temele with widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH	0. Fl. H
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. # 7, to 20 Mer 19 and that I last saw h alive on	47
8. AGE: Years Months Days If less than one day 8. AGE: 13		ATION
9. Birthplace Beaver Creek Wash Co. Md. 10. Usual occupation. House wife	Oue to	
11. Industry or business 12. Name	Other conditions	
14. Malden name Nat. RNOVIII. 15. Birthplace 16. Informant H. E. Bender	Major findings of operations	
Address 17. Burial, cremation, or removal, Which?) Cemetery or crematory. GREEN Hill.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide	
Location Naynes boro Pa. 18. Funeral director, Malter J. Marys.	Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work?	
Address T.J. Church St. Waynester, Fa. 19. Mar. 21, 19 47 Chast Rowers, (Date rec'd by registrar) (Registrar)	23. SIGNATURE M. D. O. M. D. D. O. M. D. D. O. M. D.	647



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

03222 Reg. Dist. No. 3057

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington	State Maryland County Washington		
City or town			
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give ne	arest town)	
Hospital, Institution, or street address where death occurred:	Street No. Fairplay Md.		
How long in hospital or institution? at Horne	(If fural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
S. (d) FOLL NAME		Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
2 1 2 1.1		20.0	
Dignale Ullile Garried	20. DATE DF DEATH. March 5, 1947		
6.(6) Name of husband or wife	Jan. 1, 1947	eased from	
6.(c) If alive, give ageyears	and that I last saw her alive on March 5, 1947	19.7	
7. Birth date of deceased (mo., day, yr.) Selaterulu - 7 - 1893		DURATION	
8. AGE: Years Month Days It less than one day	Immediate cause of death Cerebral hemorrhage	3 days	
53 5 28hrsmin.			
9. Birthplace Tilghamanton Utash, Co. Ond. (Town, county, and state)	Due to Arterial hypertension and arteriosclerosis	3 Yrs	
to. Usual occupation.	Chronic interstitial	3 Yrs	
tt. tndustry or business	nephritis	plus.	
	Dther conditions Chronic myocarditis	3 Yrs	
12. Name Denge To Kohrers 13. Birthplace Potada, Co. md.			
# 14. Maiden name Vada Muss	(Include pregnancy within 8 months of deeth)		
14. Malden name Vada Myss. 5. Birtholace Usada Co. and	Major fiedings of operations		
3	none Date of op		
to informant I surger	Autopsy results	statistically.	
Address Jamblay Wash, Co. md.	22. VIOLENCE: It death was due to external causes, fill in the following:		
17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Manas Central	Where did Injury occur? (City or town) (County) (State)		
Location near Tilahmanton ma.	Injured at home, farm, Industry, public place (where?)		
PITA 3 Batasan	Means of injury tnjured at work?		
t8. Funeral director	act in the sh	mx	
Address Samalno ma	23. SIGNATURE A TUCK & SUCH JI		
(Date rec'd by registrar)	Sharpsburg, Md. Date signal	8 /43 -	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(3223) Reg. Diat. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Washington	(For newhorn infants give residence of mother)		
Cily or town	State Maryland county Washington		
	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
	Street No		
How long in hospital or institution?	2.(a) If voteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John William Bloom			
4. Sex 5. Color or raco 8.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION		
male white div	3/20/157		
male white divorced	20, DATE DF DEATH		
6.(b) Name of husband or wife Raliegh Syster Devorce	21. I CERTIFY that reath occurred on the date above states; that I allerted deceased from		
	19 10 19 19		
7. Birth date of Jan. 29 1868	and that I last/saw h. Life talive on		
deceased (mo., day, yr.)	Immediate cause ut death Dunation DURATION		
o. Auc.	Q A A Lynny of the Say		
81 2 9hrsmin.	- Concession		
Berkley Co. W. Vo.	Due fa		
9. OirthplaceBerkley Co. W	V		
10. Usual occupation	Due fo.		
11. Industry or business	,		
	Diher conditions		
12. Namedont know dont know			
	(Include pregnancy within 3 months of death)		
14. Malden name Alice Bloom 15. 81rthplace Berkley Co. W. Va.	Majur findings of aperations		
Berkley Co. W. Va.	Date of op.		
	Autopsy results.		
16. Informant Julia Jordan	PHYSICIAN: Please underline the cause to which death shuutd be charged statistically.		
Address Falling Waters W.Va.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Bate thereof Margan 1947	Accident, suicide, or homicide		
Cemelery or crematory Harmony Cem	Where did injury occur?		
Location Marlowe W. Va.	Injured at home, farm, Industry, public place (where?)		
Wdith V Took	Moens of Injury Injured at work?		
16. Funeral director	A HILL A. The		
Address WIIIIamsp	23. SIGNATURE A A TO SPORT OF THE STATE OF T		
1. March 22 1947 & Le M. Elicoy	23. Slow other M. D. & other		
(Date rec'd by registrar) Registrar	Address Address Address Into Date signed		

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH: Washington				n	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
County				***************************************	State Maryland			
				URAL and give nearest town)			••••••	
				***************************************	City or town Hagerston		st town)	
				:	Street No. Hiddleburg	g Pike		
					(If rural, give LOCATION)			
		titution?		***************************************				
3. (a) FUL	. NAME					3. (b) Social Security N	umber	
		Henr	y Gan	tz Boward		None		
4. Sex	5.	Color or race	6.(a)Single	e, married, widowed, or divorced	.2-2	CERTIFICATION		
Tale		White		Widower	20. DATE DE DEATH May	15 . 1947	6 P	
					21. I CERTIFY that death occurred on the date			
				**************************************	"			
7 Right date o	.	***************************************	6.(6) If alive, give ageyea	and that I last saw h			
deceased (m	o., day, yr.)	Janua	ry 13	, 1860	= Immediate cruse of death		DURATION	
8. AGE:	Years	Months	Days	if less than one day				
	87	2	2		Cuelas los	morris, e	2 da	
0 Pirthniana	Ha	gerstow	n. Wa	sh. Co. Id.	Due to			
					Hy Pateuse			
1D. Usual occ	upation	Labore	er (e:	tired)	Due to	-		
11. Industry or	business				Granda	we		
当 12. Name		Unkno	wn		Other conditions			
12. Name				nown				
E		IIn len c	15727		(Include pregnancy within			
WOLLER 14. Maide 15. Birthp	n name				Major findings of operations			
≥ 15. Birthp				nown		Date of op		
16. Informant.	Cat	herine	Baker		. Autopsy results			
Address	Hag	erstown	i. Mar	vland	PHYSICIAN: Please underline the cause to		atistically.	
42 Ber					22. VIOLENCE: If death was due to external			
17. Buriai? (Burial, cremation, or removal. Which?) Date thereof. 3-18-47 (month) (day) (year)					Accident, suicide, or homicide			
Cemetery or crematory Rose Hill Cemetery					Where did injury occur?(City or town	n) (County) ((State)	
Location	Hag	erstown	i, Mar	yland	Injured at home, farm, industry, public place			
Location Hagerstown, Maryland 18. Funeral director C Suter & Sons					Meens of Injury	Injured at work?		
77 - 5 - 4					13/	.0		
Address	пав	erstown	, Mar	yland	23. SIGNATURE	ather	_	
19 M	W.19	1947	lov.	ralf Bower	11	M. D		
(Date rec	d by regist	rar)	7	Registra	Address Sera	Date signed 3	118/41	

MAR 20 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33.2

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Reg. Diat.	No.	30	2	-0

CERTIFICAT	E OF DEATH Reg. Dist. No. 30 2-0		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME ALBERTA E. BREHM	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F. MARRIED	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 2D. DATE OF DEATH. 2D. DATE OF DEATH. 2D. DATE OF DEATH.		
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1947, to 22 1947, and that I last saw h. l. alive on 22 1947. Immediate cause of death. DURATION Cardiac Alikation 3/22/47		
9. Birthplace FRANKLIN COUNTY PA- (Town, county, and state) 10. Usual occupation House WIFE 11. Industry or business 12. Name WILLIAM H. MILLER 13. Birthplace PA	Due to Due to Diher conditions.		
14. Maiden name LYOIA FRANKLIN MILLIER 15. Birthplace PA.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
18. Informant PHILIP W- BREHM Address 312 PHILA. AVE. CHAMBE. PA. 17. BURIAL MARCH 25 1947. (Burlal, crematory NORLAND CEM.	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of tnjury tnjured at work? 23. SIGNATURE Address. 1.36 awashington St. Date signed 3/22/47		

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MAR 25 1947



alberta E. Brehm. It should be alverda E. Brehm. Maiden name of mother - Should be Lydia Franklin Family explains the first was a ruis-understanding of the underliker The second the linelestoker weed the married rique voted of the rugiden , Chast Nowese

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03226

CERTIFICATE OF DEATH

Reg. Dist. No. 302

- Crosson Francis	1. PLACE OF DEATH: County City or town. (If ours de city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death obsurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF Our newborn infantagive residence of m State County County City or town (if outside his or town limita, Street No. (If rural, give I 2.(a) If veteran, name war.	write RURAL and give nearest town) COCATION)
	3. (a) FULL NAME Codeward Broad	KN	3. (b) Social Security Number
7	4. Sex 5. Color of race 8.(a) Single, married, widowed, or divorced Nole Negro Single 6.(b) Name of husband or wife	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above	RTIFICATION P 3 19 47 at 4.45 e stated; that I attended deceased from
	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw halive on	
	47hrs. min.	Due ty	8 day
2	10. Usual occupation	Due to.	
	12. Name	Other conditions (Include pregnancy within 8 me	onths of death)
	14. Maiden name. 15. Birthplace, J. W. P. D. W.	Major findings of operations	
Criming	16. Informant Clarge, Near and anenne	Autopsy results	
400 01	(Burial, cremation, or remodal. Which?) Cemetery or seematory. Date thereof. (month) 1009) (year)	22. VIOLENCE: If death was designed to real cause Accident, suicide, or homicide	Oate of(County) (State)
Г	Location Assers town Md. J	Injured at home, farm, Industry, public place (whe	
	Address 29/ Fredrich St Lagerstown	23. SIGNATURE Workert W.	WASH, CO. MD.
	(Date rec'd by registrar)	Addres Nagentagen	M. Date signe 3/26/4"



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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

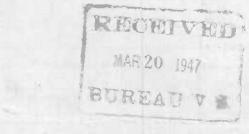
2411 N. Charles St., Baltimore 157.

03228

CERTIFICATE OF DEATH

W Dist No 3020

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother)
County Washington	State Waryland County Washington
City or town	
(It/Butilde city of court indice; write are and Bite meaters found)	City or town (if outgoe city or town limits, write RURAL and give nearest town)
ow long in above place of death? / Month	(if outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death occurred:	Street No 208 alexander St
208 alexander DI	(if rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rachel Ellen K	Brown you
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4 1 2.11.1	2110 49 5
Female White Single	2D. DATE OF DEATH. 3/17 19.47. at 8
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	2/18 19.49,10 3/17 19
	irs and a second second
7. Birth date of deceased (mo., day, yr.) Flet. 18 2 1947	and that I last saw h Me alive on
	Immediate cause of death
o. AGE.	
28hrsmir	" Hon Specific Meningitio
9. Birtholace Hagerstown Evalinatory Co	
(Town county and state)	Spina Bifida Complete
10. Usual occupation.	Upina Bifiaa Compile
10. Usual occupation.	Due to Bilater Chile feets
11. Industry or business	Carlyon from linth.
12 Name Edward E. Brown	
12, Walle	Uther conditions
\$ 13. 8irthplace Washington Co. Md	(Include pregnancy within 3 months of death)
14. Malden name Pauline Furner	
	Major findings of operations.
2 15. Birthplace york Pce	Bate of op.
16. Informant Edward & Brown	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically
Address 208 alexander St	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Bate therent Mary 19 1947	
(Burial, cremation, or removal, Which?) Date thereof 12 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven	Where did injury occur?
MI and to a made	
Location Thagerstown 2nd.	Injured at home, farm, industry, public place (where?)
18. Funeral director To F. Rucher	Means of Injury Injured at work?
18. Funeral director	
Address Tunkstone and	T (Rodo Man A)
Mass 19 117 1600 HB. 11950	23. SIGNATURE M. D. O
19 1100.10 19 9 1 Charl Journ	ar Address Hagerstown md Date signed 3/1



ADING INK. Supply every item of information care Physicians: please write the causes of death clearly

PLEASE

BINDING

FOR

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-2



CERTIFICATE OF DEATH

(1322¹7 Reg. Diat. No. **3**33

	1. PLACE OF DEATH; County. Ity or town Outside by or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (a) FULL NAME	3. (b) Social Security Number
	4. Sex 5. Color or type 6.(a) Single, married, widowed, or divorced Tennale White Single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. 19 1942, 21 3 A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
ı	7. Birth date of	19
1	deceased (mo., bay VI) elemany 7, 1947	Immediate cause of death DURATION
	8. AGE: Years Months Days it less than one day	D + A
-	— 12hrsmin.	Congenial blue deside
	B. Birthplace (Town, county, and state) 10. Usual occupation	Due 10.
	12. Name Francis M. William	Dther conditions.
1	13. Birtho Selly mericules . Will Ca.	(Include pregnancy within 3 months of death)
	14. Maiden name	Major findings of operations
	16. Informant Man. Ruther M. Bosses	Antopsy results
	Address 17. Date thereof. 3. (Burial, crembion, or repoyal. Whigh?) Date thereof. (Burial, crembion, or repoyal. Whigh?)	22. VIOLENCE: tf death was due to external causes, till in the following: Accident, suicide, or homicide
l	Cemetery or crematory Stephendstown Cemetery	Where did injury occur?
١	Location Shepleas tawal all the	Injured at home, farm, industry, public place (where?)
J	18. Funeral director O. K. Calland	Means of Injury tnjured 21 work?
1	Address antietan A Klegerstoon A	23 MATURE VOLUNT WELL DEPUTY MEDICAL EXAM.
	(Date rec'd by registrar)	Addres Casantano med Date signed 19-47

APR 10 1947

2-3030-5-10

CERTIFICATE OF DEATH

			20	>1
eg.	Dist.	No.		

2411 N. Char	les St., Baltimore 13.4
CERTIFICA	TE OF DEATH Reg. Dlst. No. 30 2
1. PLACE OF DEATH: County Washington City or town. Hagerstown Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Several days Hospital institution, or street address where death occurred: Washington Co Hospital How long in hospital or institution? Serveral days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Washington City or town Williamsport (If outside city, or town limits, write RURAL and give nearest town) Street No. Vermont St Tif rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Franklin Bruce Bryan	3. (b) Social Security Number 215 - 01 _ 9960
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH
B.(b) Name of husband or wife Josaphine Fisher 7. Birth date of deceased (mo. day. vr.) April 30 1827	21. I CERTIFY that death accoursed on the date above stated; that I attended deceased from 18
deceased (mo., day, yr.) APPII 30 184? 8. AGE: Years Months Days If less than one day 69 10 12 hrs. min.	Immediate cause of death DURATION DURATION DURATION
9. Birthplace Greencastle Pa (Town, county, and state) 1D. Usual occupation night watchman Tannery	Due to. Due to. Due to.
11. Industry or business E 12. Name Flemming Bryan I 13. Sirthplace Greencastle Pa	Other conditions
H 14. Maiden name. Mary Alice Hysong 15. Birthplace Greencastle Pa	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Alice Bryan	Antopsy results
Address WEN1S Vermont St Wmsport M Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Greenlawn Cem	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Locallon Williamsport Md 18. Funeral director Edith V. Leaf	Injured at home, farm, Industry, public place (where?)
Address Williamsport Md 19. Mas, 17. 1947 Charter Registrar Registrar	23. SIGNATURE M.D. Adures La Clus Lord M.D. Date rigned M.D.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED

MAR 19 1947

BUREAU IS

- A	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
10 MAN		2411 N. C	Charles St., Baltimo	re 46-	D

CERTIFICATE OF DEATH

(State)

Injured at work?

The

1. PLACE OF DEATH: outside city or town limits, write RURAL NEAR and give town) address, hospital, or institution Stay in this community (yrs., or mos., or days) 3. (a) FULL NAME 4. Sex 6.(a) Single, married, widowed, or divorced U: DOWER. -6(c) If alive, give age ---7. Birth date of deceesed (mo., day, yr.) 8. AGE: (Town, county, and state)

(If outside city or town limits, write RURAL NEAR and give	Ward No
Street No. TONE	
(If rural give LOCATION)	
2(a) IF VETERAN, NAME WAR - DOOE	
3. (b) Social Security	y Number
none hone	
MEDICAL CERTIFICATION	
	- 4
20. DATE OF DEATH Mar 25 194	7-, at 958M
21. I CERTIFY that death occurred on the date above stated; that I ettended deliberation of the state of the	25 1947.
Immediate cause of desth- Greenoma of Rectum Inoperable	6 Zuc
Que to	
Que to	
Other conditions Jermannal Premase	a 2 das
(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
Of operations Degracial ostomy 2/24/4 Carcinoma of Rectton	Please underling the cause to white death should be
Of eutons Carcinoma A. Reclum	charged statisti-
22, VIOLENCE: If death was due to external causes, ill in the following:	se 16 lada

2. USUAL RESIDENCE (HOME) OF DECEASED:

16. Informant Address 28/ (month) (day) (year)

Address (Date rec'd by registrar)

23. SIGNATURE

Injured at home, farm, Industry, public place (where?).

(City or town)

Accident, suicide, or homicide Where did injury occur?

VS A15

PLEASE

RECEIVED MAR 28 1947

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Dr. Kohler

03231 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Maskington Chargyille	State Maryland County Washington
City or town	City or town
How long in above place of death? 20 Years	
Hospital, institution, or street address where death occurred: Smithsburg Route #2	street No. Smithsburg Route #2 (If rural, give LOCATION)
	2.(a) ti veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
EMMANUEL MOORE BURNS	\$18-07-8930
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH
6.(6) Name of husband or wife Camilla Early Burns	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.C	mar 7 19.47 Smay 9 19.47
7. Birth date of	and that I last saw have alive on Macr 9 7 1947
deceased (mo., day, yr.) November 39, 1890	Immediate cause of death
o. Aut.	If oronary ly our love plury
56 3 10hrsmin.	
9. Birthplace	Due to Cent and Giller osis leyy
10. Usuai occupationBookkeeper	
11. Industry or business Own Employer	Due to.
質 12 Name Henry Burns	Other conditions
E 13. Birthplace Pondsville Md.	
Magazi Namipale 1	(Include pregnancy within 3 months of death)
14. Maiden name Mary Markell	Major findings of operations
14. Maiden name Mary Markell 15. Sirthplace Thurmont Md. 16. January Mrs. Camilla Burns	Date of op.
16. Interment Mrs. Camilla Burns	Antopsy results.
Address Chewsville Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Bate thereof 3/11/47 (month) (day) (year)	Accident, suicide, or homicide.
Cémetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of injury tnjured at work?
Address Hagerstown Md.	23. SIGHATURE G. G. M. D. spriper
19. Mar. 11, 191947 Charft Bowers	M. D. apother M. D. apother M. D. apother M. D. apother



CERTIFICATE OF DEATH

257 03232 Reg. Dist. No. 302

1. PLACE OF DEATH: County				City or town	write RURAL and give nearest LOCATION) 3. (b) Social Security No.	
4. Sex male	5. Color or race		e, married, widowed, or divorced		RTIFICATION	1.70m
	or wife	6.(6	c) If allve, give ageyears 27, 1870	2D. DATE DF DEATH	e stated; that I attended decease 47, to 3,4	ed from
8. AGE: Years	Months	Days	It less than one day	Immediate Cluse of death.		
76	2	7	hrsmin.			*******************************
10. Usual occupation			of Fenna.	Due to	ascular	Sypo
	Harry Ca unknown			Other conditions	ation	- Avta
14. Maiden name	unkno	wn		(Include pregnancy within 8 m.		
16. Informant	red Long	y 2	•••••	Autopsy results	ah dash should be shared et	tistically
17buri (Burial, cremation Cemetery or	Washir Hagers Scott	Date therngton stown,	County Home Md. nnich & Son	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of(County)	(State)
Address 19. Mari	Hage	7 67	hast Bowers	23. SIGNATURE Omisto	M. D. or	

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

gorrect age

REBORNAR S MAR 8 1947 BUREAU V B

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE PLAINLY, is especially

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ne correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246

03233

CERTIFICATE OF DEATH

3020

How long in above place of death Hospital, institution, or street at 365 Centra How long in hospital or instituti	own ty or town limits, write , 10 Yea. ddress where death occurr 1 Ave	ed:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a State	Washing to write RURAL and give near VC LOCATION)	arest town)
3. (a) FULL NAME	TI T CHIODHI	I OI A TOTA		3. (b) Social Security 214-09-12	
	ELLSWORTE rorrace 6.(a)Sing	tie, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	P
Male w	hite Ma	rried		1947	_
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date abo		
7 Pirih data of		(c) If alive, give ageyears	and that I last saw h ative on		
deceased (mo., day, yr.)	December	T1 T09T	Immediate cause of death		DURATION
8. AGE: Years M 55	onths Days	If less than one dayhrs,min.	Cirthoris of liv	r.t.	4 ym. 17
11. Industry or business W。 第 12. Name John	Book Binde	ratte)	Due to		
14. Maiden name Ali 15. Birthplace Ti 16. Informant Mrs.	ce Rohrer lghmanton Myrtle Cl	Md. ark	(Include pregnancy within 3 r Major findings of operations		statistically.
17 Burial (Burial, cremation, or rem Cemetery or crematory	anor Cemet lghmanton	month (day) (year) GETY Md.	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	ses, fill in the following: Date of	(State)
	Hagerstown		23. SIGNATURE Sohn St JY Address. Styles Styles	Are baket Kriegters Sa. M. D. M. Wall Bate signed.	or other



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

orrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

* (3234 teg. Dist. No. 3020

				110B: 210C: 110: 1111	***************************************
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:	
County. Washington			***************************************	(For newborn infants give residence of mother)	
City or fown (1f outside eity or town limits, write RURAL and give nearest town)			IPAI and give nearest town)	State county Washing tor	
How long in above place of d	61	years	bread and give hearest town)	City or town	erect town)
Mospital Institution of Stre	er annress where	oeain occurred		Street No. 233 Winter Street	areas sown,
235 Alex	ander (Street		Street No	
How long in hospital or inst	itution?			2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	An	na Eli	zabeth Cooper	3. (b) Social Security	Number
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female V	White	1.5	rried	10 mak 10 1040 7.45	7,5
				20. DATE OF DEATH. Larch 10, 1947 17:45	
6.(b) Name of husband or w	ite Con!	ey G.	Cooper	21. I CERTIFY that death occurred on the date above stated; that I affended dece	
		8 (c) If alive, give ageyears	December 19 + 6, 10 Mars	
7. Birth date of		4, 188		and that I last saw h	
deceased (mo., day, yr.)			If less than one day	Immediair cause of death Pulmonomy	
8. AGE: Years 3	Months 8	Bays.		Hemonlage	30 min
				-	***************************************
9. Birthplace Frank	klin C	ounty,	, Pa.	Due 10 Pulmonamy Tulenulous	7
10. Usual occupation Home Duties					
			Dué fo		
11. Industry or business	7 8	1			
				Other conditions	* *************************************
	Vash. C	0., No	i.	(Include pregnancy within 3 months of death)	
14. Maiden name	argare	t Car:]		
E 14. Margen name				Major findings of operations	
	Vash. C			- Date of op	
16. Informant Artl	aur E.	Nye		Autopsy results	
Address 235 4	lexand	er St	reet- Hagersto	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
				22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial	removal, Which?)	Date there	of lar. 13, 194 (month) (day) (yeur)	Accident, suicide, or homicide	
Cemetery or crematory Rose Will Cemetery			eme te ry	Where did Injury occur?	(State)
Location Hageratoun, I'd.		9	Injured af home, farm, Industry, public place (where?)		
1B. Funeral director	Fred W.	Krai	SS	Means of Injury Injured at work?	
	Haserst		Md •	00 4111 0	13 W 00
744			Partles and	23. SIGNATURE Kolon Uh Campal	OF Other
19. //av, 13	194/	-0.	MAYT, LOWEN	Address Hagenstown Md Bate signed	Ma = 11/47
(Date rec'd by registr	ar)		Registrar	Address Date signed.	Mar 10/47

MAR 15 1947
BUREAU V B

correct age

PLACE OF DEATH:

3. (a) FULL NAME

Male

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.....

10. Usual occupation. 11. Industry or business

13. Birtholace

HI 14. Malden nar 15. Birthplace

18. Funeral director.

Address

Years

0

Burial (Burial, cremation, or removal, Which?)

8. AGE:

4. Sex

5. Color or race

White

Months 0

Hagerstown

14. Malden name Arrie I. Hughes

Tone

William Cooper

William Cooper

Hagerstown, Md. Fred W. Kraiss

Hagerstown, Md.

March 22,

Days

(Town, county, and state)

0

Charleston, S. Carolina

Kingstree, S. Carolina

112 North Avenue- Hagerstown,

Rose Hill Cemetery

PLAINLY, is especially WRITE PLEASE

VS A15

importan

lagerstown (If outside city or town limits, write RURAL and give nearest town) low long in above place of death?..... Hospital, institution, or street address where death occurred: Washington County Hospital How long in hospital or institution?.... William Cooper

6.(a) Single, married, widowed, or divorced

...6.(c) tt alive, give age

Washington

If less than one day

Date thereof lar. 25, 194
(month) (day) (year)

Single

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159 CERTIFICATE OF DEATH

> 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

> > County W. shington

	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 112 North Avenue (If rural, give LOCATION)
	2.(a) ti veteran, name war
	3. (b) Social Security Number
	MEDICAL CERTIFICATION
	20. DATE OF DEATH Narch 22, 1947 9:45 P. M
irs	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from 19. 47. 10. 12. 19. 47. and that I last saw h so. alive on 2. 19. 47.
=	Immediais cause of death Duration 14 ms.
n.	your and Gestodon of appromises
	Due to
-	Other conditions
-	(Include pregnancy within 8 months of death)
	Major findings of operations
-	Oate of op.
70. 0	Antopsy results
7	22. VIOLENCE: It death was due to external causes, fill in the following:
5/	Accident, suicide, or homicide
	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
	Means of Injury tnjured at work?
+	23. SIGNATURE W. D. Jayman, M.D. or other
ar	Address 1000 reference Cuto Blog M. D. or other Waldress of the signed 4 hours 42
	Jugersoeum, ma:

REOR 1947

- William Cooper for am unable to read Dr. W.T. Lagranis writing. Will you - please complete the copy of this certificate, Chast. Bowers Loc. Reg.

9-45-15M

VS A15

PLEA

e correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4460 X CERTIFICATE OF DEATH

U3236 Reg. Diat. No. 305-0

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or townBen yer Creek Many land	state Maryland county Washington Beaver Creek		
How long in above place of death?	City or town Beaver Creek (If outside city or town limits, write RURAL and give nearest town) Street No. Boonsboro R.F.D. #2		
Beaver Creek, Maryland	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) it veteran, name war		
3.(a) FULL NAME Emma Katherine Cosens	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH march 31, 1947 at 4:50A.		
8.(6) Name of husband or wite Clarence A. Cosens 7. Birth date of deceased (mo., day, yr.) March 22, 1877	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945. 1947. and that I last saw h. V. alive on		
8. AGE: Years Months Days it less than one day	Immediaie cause of death DURATION (North		
70 0 9nrsmin.	0		
9. Birthplace Beaver Creek, Wash, Co. Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name George Harman 13. Birthplace Myersville, Maryland	Due to		
14. Maiden name Martha Lum 15. Birthplace Beaver Creek, Maryland 16. Informant Mrs. Catherine Ruble	(Include pregnancy within 3 months of death) Major findings of operations. Securo accuracy of Stowers. Bate of on Securo 4, 1946. Antopsy results. NO. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Beaver Creek, Maryland	22. VIOLENCE: If death was due to external causes, till in the tollowing;		
Burial Date thereof 4-2-47 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did lajury occur? (County) (State)		
Location Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director C. M. Suter & Sons	Means of injury Injured at work?		
Address Hagerstown, Maryland	23. SIGNATURE W. Stoward yeages		
19. (Date ree'd by registrar) Registrar	Address Degenslow, Mrs. J. 194		

APR 7 1947
BUREAU V.

A. Var

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The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

302

형 /	CERTIFICAT	E OF DEATH	Reg. Dist. No. 000	
should carefully be supplied ity and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. 605 George St. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR NOTE		
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information shou correct age is especially important. Physicians: please write the causes of death clearly a	3. (a) FULL NAME MRS 4. Sex 5. Color or race 6. (a) Single. married, widowed or divorced W. Lowed 6. (b) Name of husband or wife	MEDICAL C 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date a March 19 and that I last saw heralive on Immediate cause of death Cardias Decor Due to Due to Cinclude pregnancy within Major findings: Dt operations TR of RT Df autopsy PRTER 10 Sclero 22. VIOLENCE: It death was due to external of	3. (b) Social Security Number NONE ERTIFICATION 6. 19 17, at JPM above stated; that I attended deceased from 17, to 18 19 19 BURATION 3 15 19 19 BURATION 3 19 BURATION 3 19 BURATION 3 19 PHYSICIAN Please undorline the cause to which the cause to which the death should be charged statistically. causes, till in the tollowing; 4 11 1	
P.	(Date rec'd by registrar)	Address 35 N Pots	mac 8 Date signed 3 /10/4)	



years of birth is shown MARYLAND STATE DEPARTMENT OF HEALTH

2411	M.	Cha	riea	St.,	Balt	imore	19	1330
							V	4
PW7 W W		A	Day 19 mg	-				STATE OF

	- 100		30	> B
g.	Diat.	No.		

FILM 110. G	TICMA	1 21 1947 C	ERTIFICAT	TE OF DEATH	Reg. Diat. No	302
City or towe	shington et town taide eity or town lim f death? threet address where den nilton Bl	its, write RURAL and ; ath occurred:	give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Coun City or town (If outside city or town limits, Street No. 925 Hamilton (If rural, give I 2.(a) If veteran, name war.	write RURAL and give no Blvd.	carest town)
3. (a) FULL NAME	Anna Ma	y Welty F	ahrney		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a) Single, married, wie	lowed, or divorced	MEDICAL CE	RTIFICATION	
l'emale	White	Wi	dowed	20. DATE OF DEATH March 18,	1.219.7	1.31 i E
		n E. Fah	rney years	21. I CERTIFY that death occurred on the date above	944.10 Mar	8 1947
T. Birth date of deceased (mo., day, yr.	Dec. 1.	/12/5/ 1866	3			
8. AGE: Years	Months		an one day	Immediate cause of death	1	
80	3	18	hrs mln.	Cougestry HE	and treline	
9. BirthplacePa j	irplay, "	ashington	, Md.	Oue to.		
1D. Usual occupation	Home Dut	ies		Due to		***
置 12. Name De	avid Welt	y		Other conditions		
🔀 13. Birthplace Wa	ashington	Co. Id.	*			
14. Maiden name	l'aura S	haffer		(Include pregnancy within 3 m		
15. Birthplace	Vashingto	Co. Ld.		Majur findings of operations.		
16. Informant In TS	. Harper	Good		Autupsy results		
Address 212	S. Fotom	ac St. Wa	ynesboro H	PHYSICIAN: Please underfine the cause tu whi		I statistically.
17. Burial	or removal Which?)	Date thereof(mo	r a 21 194	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		
		r Ceneter		Where did injury occur?(City or town)	(County)	(State)
		anton, Md		injured at home, farm, industry, public place (who		
		Kraiss		Msans of Injury	Injured at work?	
	rerst wn,		,	Wex 10	1 Kant	1
7/1	1, 1947	10 .11	Bowers,	23. SIGNATURE 145 No Waste SI M	- /	. or other
(Date ree'd by regi	strar)	/	Registrar	Address // (Ar)	9 147 Date signed	

MARGIN RESERVED FOR BINDING

PLAINLY, V

WRITE

PLEASE

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

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age

VS A15

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

CERTIFICATE OF DEATH

U3239 255
Reg. Dist. No. 3620

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta giva residance of mother)			
County				State Maryland county Washington			
City or town Hagerstown Maryland (Ifoutside city or town limits, write RURAL and give nearest town)							
How long In above place of death? Life				City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:				Street No. 714 Forrest St			
Funkstown Hill				(If rural, give			
How long in hospital or	Institution?		***************************************	2.(a) It veteran, name war			
3. (a) FULL NAMI					3. (b) Social Security	Number	
	Etta	M. W	. Foltz			17.	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	A	
Female	White	1974.2	O 3781	Man	rch 3 47	10.20	
				TO, OKI L OF DERIMANNESS AND		1	
6.(b) Name of husband	or wife Ceits	Folt	Z	21. I CERTIFY that death occurred on the date abo			
		6.(c) It allve, give ageyears	and that I last saw h. er alive on	Feb 28 1947	19	
7. Birth date of deceased (mo., day, y	. August	8 1	868	and that I last saw h. G.L. alive on	FCO CO TOTI		
8. AGE: Years		Days	lt less than one day	Immediate cause of death		DURATION	
78		26	hrsmin.	Mitral stenosis	& regurgita	tion	
			1	MICIAL SOCIOSIO	3 2 98 8	10 yrs	
9. Birthplace Funkstown, Wash. Co. Md. (Town, county, and state)		Bue to.	ulam antari	10 713			
1D. Usual occupation	Housewo	rk		generalized vasc	ular ar cerre	15	
10. Usual occupation			.,,	Due to -sclerosis			
11. Industry or business	hn Willi	0.77.0		chr. myocardit	is	6yrs	
				Diher conditions myocardial fai		10 d	
	Funksto			(Include pregnancy within 3 m		10 a	
H 14 Maiden name	Margaret	Kayl	or				
14. Maiden name 15. Birthplace	unkstown	Mar	vland	Major fiediogs of operations			
16. Informant	Mag Agn	eaa F	Reetty	Actopsy results. no			
16. Informant	Mrs. agii	699 1	Jeav v y	PHYSICIAN: Please underline the cause to wh	sich death shoold be charged	statistically.	
	kstown H			22. VIOLENCE: If death was due to external cau			
17 Burial		Date the	(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremato	y Funkst	own C	emetery	Where did injury occur?(City or town)	(County)	(State)	
Location Fur	kstown.	Maryl	and	Injured at home, tarm, industry, public place (wi	nere?)		
10 Superal disaster	C. M. S	uter	& Sons	Meens of Injury	Injured at work?		
	lagerstow			SKIPS	h. 100 2.	8	
-74 4	/		La Alla	23. SIGNATURE ! TOURS	hello. "	~ /	
19. /Mar.	gistrar)	-801	cast Bowers	11 -	med Date of Va	3-47	
(Date rec'd by re	gistrar)		Registrar	Address	Date vige 34	1.1.	

Supply every item of information carefully ease write the causes of death clearly and

PLAINLY, 1 is especially

WRITE

PLEASE

SA

RESERVED FOR BINDING

MARGIN

2411 N. Charles St., Baltimore

03240

CERTIFICATE OF DEATH

Reg. Dist. No. 302 (

1. PLACE OF DEATH: County Washington City or town (If outside city or town limits, write RURAL and give nearest town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Naryaand County Washington
How long in above place of dealh? 2 Days Hospital, institution, or street address where dealh occurred: Washington ounty Hospital How long in hospital or institution? 2 Days	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 544 Goorge St. (If rural, give LOCATION) None
3. (a) FULL NAME	3. (b) Social Security Number
LESTER FRANKLIN FOX	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION P
Male White Single	20. DATE DF DEATH March 19 1947 19 21 3.30 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death.
42 1 5hrs.	min. When pacture street
9, Birihplace Front Royal Forquernor Co Va (Town, county, and state) Painter 11, Industry or business	Bran cycl- when fractive 30 hrs. Bue to replicable with lapt-lab relievely
# 12. Name Henry J. Fox	Director Local thrombour 20 hr
3. Birthplace Front Royal Va.	
불 14. Maiden name Anna Wine	(Include pregnancy within 3 months of death)
14. Malden name. Anna Wine 15. Birthplace Front Royal Va.	Major findings of operations.
16. Interment Mrs. Lelia Campbell	Antopsy results. As above 3/19/47
Address Hagerstown Md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Bate thereof 3 / 2247 (month) (day) (year	
cemetery or crematory Rest Haven Cemetery	Where did Injury occur?
Location Hagerstown Md.	
18. Funeral director Andrew K. Coffman	Msans of Injury Injured at work? DEPUTY MEDICAL EXAM.
Address Hagerstown Md.	The sound of the wash. Co., MD.
19 Mes. 22, 1847 Charfelower	23. SIGNATURE 223. M. D. Date signed 3/30/4/2



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Egra, H. Isamand	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Paliste Bidower	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19.4. 19
8. AGE: Years Months Days It less than one day 9. Birthplace Myunvilla Find lo md 7. Town, county, and state)	Due to Cerebra Conferio Sofarorio 2 yes
11. Industry or business 12. Name Daniel Garanard 13. Birthplace Myernyelle. Free Co Hol	Due to
16. Informant Sark Assurant R. F. D. 17. Burial Date thereof (month) (day) (year) 18. Connectory & B. Connectory.	Actopsy results
Location Ingervillo - Frelle Guel 18. Funeral director B Hoover Address Smiths brus Med	(City or town) (County) (State) Injured al home, farm, Industry, public place (where?)
19 Mar 2 3 2 19 4 7 Geo. W. Farguson	23. SIDNATURE M. D. or other Address A million for a Pole strend 3/23 / 1

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE

MAR 25 1947

BUREAU V 8

Address. Hagentown Jole Date signed 3/12/47

CERTIFICATE OF DEATH

	CERTIFICAT	E OI DERIII	Reg. Dist. No	
1. PLACE OF DEATH: County Washington		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Hagers town (If outside city or town limits, write RU) How long in above place of death? 20 Years	RAL and give nearest town)	StateMaryland Countries Hagers town (If outside city or town limits	s, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred: 101 Cypress St.		Street No. 101 Cypress (If rural, give 2.(a) If veteran, name war. None	St.	
How long in hospital or institution?	······································	2.(a) If veteran, name war		
3. (a) FULL NAME MRS. ARMATHA	HARBAUGH GORI	OON	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single,	married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female White Mar:	ried	20. DATE OF DEATH March 11,	19. 47, at 7: 301	
6.(b) Name of husband or wife Harry C. G.		21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from	
7. Birth date of	If alive, give age7.8years		mas 11 19 4	
deceased (mo., day, yr.) Sept. 27,	1869	Immediate cause of death		
8. AGE: Years Months Days	It less than one day			
77 5 14		chr. generalized	vascular /24/	
Sabillasville Fr	edrick Co. Md.	arteriosclero	124	
9. Birthplace Sabillasville Fr (Town, county, and sta		Chr. vascular hy	nertension /2 4	
1D. Usual occupation Housewife			5 124	
11. Industry or business Own Home			reguritation 4 4	
Ephram Harbaugh				
E 12. Name Ephram Harbaugh 12. Name Sabillasville		acute ventricular	fibrillation.	
		(Include pregnancy within 8 s		
Sabillasville	Md.		Date of op.	
14. Maiden name Harriet Eyle 15. Birthplace Sabillasville 16. intermant Harry C. Gordon		Antoney results		
Address Hagerstown Md.		PHYSICIAN: Please underline the cause to w		
	3/14/47 (month) (day) (year)	22. VIOLENCE: If death was the to external case Accident, suicide, or homicide		
Cemetery or crematory		Where did injury occur?(City or town)		
Location Hagerstown Md.		Injured at home, farm, Industry, public place (w	here?)	
18. Funeral director		Means of injury	tnjured at work?	
Address Hagerstown Md.		23. SIGNATURE Sc Roke	18 Wello, M.D.	
19. Mar. 13, 1947 Loke	asfH2oevers, Registrar	23. SIGNATURE	M. D. D. Date signed 3 /12/4	

ARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

A15 SA

MAR 18 1947
BUREAU 7 8.

CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefull of death clearly and How long in hospital or institution?. 3. (a) FULL NAME

deceased (mo., day, yr.)

10. Usual occupation 11. Industry or business

8. AGE:

	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	(For newborn infants give residence of mother) State MARYLAND County WASHING TON	
	City or hown HAGERSTOWN	
	(If outside city or town limits, write RURAL and give nearest town Street No. // W. BALTIMORE ST.	()
	Street No. (If rural, give LOCATION) (16 rural, give LOCATION)	
	2.(a) If veleran, name war NON - UE 1.	
,	3. (b) Social Security Number	
E	GOSSARD NONE	
	MEDICAL CERTIFICATION	
_	20. DATE OF DEATH MUTCh 26 1942 213:	35
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
ırs	Jet 26 1947, to Nanch 26 and that I last saw her allye on Murch 26	19.7. 19.4
		RATIO
	Hypertenne Carsis -	neti
n.	Conven siene	
	Crebral Henorthage 4	
Ì	CHOICE JAMES THE	76
	Oue to	•••••
	Other conditions.	*****

	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
_	Date of op.	

MARGIN RESERVED PLAINLY is especial WRITE

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did Injury occur? (City or town)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at home, farm, industry, public place (where?)

Means of Injury

23. SIGNATURE.

Address

PLEASE

FOR

18. Funeral direct

Injured at work?

(State)



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The circumstance is especially important. Physicians: please write the causes of death clearly and legibly.

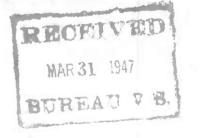
correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48a)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County Washington	
City or town Hagers to Mn (If outside city or town limita, write RURAL and give nearest town)	State Maryland County Washington
How long in above place of death? 2 Hours	City or town
Hospital, institution, or street address where death occurred:	
Washington County Hospital	Street Ho. 542 W. Church St. (If rural, give LOCATION)
How long In hospital or Institution? 2 Hours	2.(a) If veteran, name war None
3. (a) FULL NAME	
	3. (b) Social Security Number
MRS MARGIE ELEANOR HALGASH	214-09-5433
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	2D. DATE OF DEATH
5.(b) Name of husband or wife Michael	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	22 Esh 42 nr Munch V7
7. Birth date of	and that I last saw h. e.g. alive on 2.7. Manh 19 4.7.
deceased (mo., day, yr.) May 30, 1913	
8. AGE: Years Months Days If less than one day	Immediate caose of death DURATION / My
33 9 -27 hrs. min.	and the second
9. Birthplace Hagers town Washington Co. Md. (Town, county, and state)	Due to
1D. Usual occupation Shoe Maker	
	Due to
11. Industry or business Byron Shoe Co.	ф
E 12. Name Hugh Barrow	Other conditions Localized Peritonilis from 2 with
E 12. Name Hugh Barrow 13. Birthplace Winchester Va.	Tadium treatment (Include pregnancy within & months of death),
14. Malden name Nellie Frith 15. Birthplace Winchester Va. 16. Intermant Michael Halgash	(Include pregnancy within 3 months of death),
Winchester Va	Major fiediogs of operations. Curcummy Cerux
7 15. Birinplace WIII CII CS GCI VC.	Actopsy results. Same as slated about
16. Intermant Michael Halgash	
Address Hagerstown Md.	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof 3/29/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Meens of Injury Injured, at work?
Address Hagerstown Md.	of the same
700 - 10 - 110	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	nous all Notice in the second of the second
(Date rec'd by registrar) Registrar	Address & STIVE WALLA Date signed & FILM Y



9-45-15M

VS A15

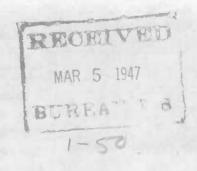
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9401

CERTIFICATE OF DEATH

13245 Reg. Dist. No. 302

County	Was S	ingto	n	***************************************	(For newborn infants give residence of mother)				
City or town	Seci	urity		URAL and give nearest town)	State Naryland Cour				
				(UKAL and give nearest town)	City or town				
Hospital, Institut					Street No.		,		
	••••••		• • • • • • • • • • • • • • • • • • • •	***************************************	(If rural, give				
How long in hos	pilal or Instil	lution?			2.(a) It veteran, name war	••••••			
3. (a) FULL	NAME		Jo	hn Phillip Har	rness 3.(b) Social Security Number 213-10-6913				
4. Sex	5.0	Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION			
Male	1	Vhite	3:2	rried	2D. DATE OF DEATH. March	1, 47	21		
6.(b) Name of husband or wife					21. I CERTIFY that death occurred on the date above				
					19	, 10	19		
7. Birth date of		march	20. 1	e) If alive, give ageyears	and that I last saw halive on		19		
deceased (mo.	Years	Months	Days	If less than one day	Immediate cause of death		DURATION		
o. Ada.	65	11	9	hrs. min.	Coronary atterio	acteroara	7 7 7		
	1,00	refiel	ld. W.		Angina Pectoris Due to Acute coronar	y ocalusion	l yr.		
9. Birthplace	9. Birthplace				Due to AVA VIA	y OCC LUSI OII	*****************		
10. Usual occup	ation	***************************************		***************************************	Due to.				
11. Industry or t	business				00e to		***************************************		
当 12. Name	Wil	liam V	V. Har	ness	Dther conditions.	***************************************			
12. Name	ce 1.	loorefi	eld,	W. Va.	(Include pregnancy within 3 m	***************************************			
H 14. Maiden	name	latheri	ine Sh	earer	(Include pregnancy within 3 m				
LOW 15. Birthpla	ce Wi	nchest	ter, V	earer irdinia	Major findings of operations.				
16. informant	Paul	Hammo	ond		Autopsy results Mone				
10. Informant	anle	Ave. I	<i>l</i> artin	sburg, W. Va.	PHYSICIAN: Please underline the cause to whi				
					22. VIOLENCE: If death was due to external caus				
17. Bu (Burial, cres				ed March 4,1947 (month) (day) (year)	Accident, sulcide, or homicide	Date of			
Cemetery or c	rematory	Hebru	ın Cem	etery	Where did Injury occur?(City or town)	(County)	(State)		
Location	Capo	n Spri	ings,	W. Va.	injured at home, tarm, industry, public place (wh				
				iss	Means of Injury	Injured at work?			
Address	, U 1 ,	Hagers			S. Rohurd	112000 .	District Replie		
Muless	. 5	Hase C.	R	le 143	23. SIGNATURE	M. D. A	Suther -		
19. (Date rec'd	U, D,	r) 19.7.	191	Registrar	Address / A. agan James	Date signed 3	4 / 4		



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The best especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (224)

113246

CERTIFICAT	E OF DEATH Reg. Diat. No. 3 8 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Maude Emma Hen	3. (b) Social Security Number
4. Sez Temale Regro Married 6.(6) Name of husband or wife Ashers 4. Sez 6.(a) Single, married, widowed, or divorced Married Nemale Nemale Nemale Nemale Nemale Nemale	MEDICAL CERTIFICATION 20. DATE OF DEATH. FILE U 19 47, 21 Sa. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., dsy, yr.) April 4, 1884	and that Last saw h. 2 alive on Faby 28 — 19 47.
8. AGE: Years Months Bays It less than one day	Lauregia - Instant
9. Birthplace	Due to. Thy Word Present
12. Name Mike Taylor 13. Birthplace Mt. Lens, Ind.	Dither conditions
14. Maiden name Reviews James 15. Birthplage Mt. Leus, Md	Major findings of operations
Address 1426 M. Janathan Street. 17. Burial Date thereot. 3/8/47	Actopsy resolts PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery	Accident, suicide, or homicide
18. Funeral directo Of Ilian & Dunney Address 99 4 Frederich st Hagerstown	Injured at home, farm, Industry, public place (where?) Means of Injury 10 June 4 work? 23. SIGNATURE 1 100001
19. Mar. 8. (Date rec'd by registrar) 19. 4	Address Hagerstown mat Date signed 3/6/47-



MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03247

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
county Washington	State Maryland county Washington			
City or town				
How long In above place of death? 3 ye = 45	City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No. Main St.			
Main St., Hancock	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Daniel Boone Hewett 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	20. DATE OF DEATH Mar 6 1947, 21 10 30			
6.(6) Name of husband or wife Emma A. Burnell	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from			
Hewe T	mar 1 1947 to Mar 6 1947			
7. Birth date of deceased (mo., day, yr.) M27.10, 1882	and that I last saw harman alive on 19 7			
8. AGE: Years Months Days If less than one day	Immediate cause of death			
64 11 24	Chronic mydulate			
9. Birthplace Plum Run + 1) ton Co., Penna.	Due to.			
	and sclerosis			
1D. Usual occupation Laborer	Due to			
11. Industry or business				
12. Name Jacob Calvin Henett	Dther conditions			
13. Birthplace UNKNOWN	(Include pregnancy within 3 months of death)			
# 14. Maiden name Rachel Culler				
15. Birthplace Plum Run Fulton Co, Penna.	Major findings of operations. Date of op.			
16. Informant Mrs. Emma Hewett	Autopsy results.			
Address Main St., Hancock Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide.			
Cemetery or memotory Antioch Christian Church	Where did injury occur?			
Location Fulton Co. Penna - Near Hancock Md.	Injured at home, farm, Industry, public place (where?)			

WRITE PLEASE NS

Address (Date rec'd by registrar)

18 Funeral director Charles R. Bast

23. SIGNATURE

Address.

Means of Injury

Injured at work?

WAR 12 1947

03248

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	State Maryland County Washington			
How long in above place of death?	City or town			
Hoogital Institution or street address where death occurred: Blue Hill Hancock.	street No. 116 W. BeThel St.			
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Fran Reseala Hickens	500, 50000 50000, 50000			
Emma Roseala Hipkens 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female Colored Widowed	20. DATE OF DEATH March 4 19 4 9 at dA			
6.(6) Name of husband at wife. Jahn Hipkans	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Sirth date of A A A A A A A A A A A A A A A A A A	and that I last saw h. LL alive on 2 - 27- + 2			
deceased (mo., day, yr.) O c + . 10 1893 8. AGE: Years Months Days It less than one day	Immediate game of death DURATION			
53 4 22hrsmin.	gueral impasso			
9. Birthplace Hancock, Wash Co., Md. (Town, county, and state)	Due to Mitsal Stanosis			
10. Usual occupation Domestic Servant	Rue to			
11. Industry or business	Suc 14			
E 12. Name Henry Williams 13. Birthplace Virginia	Dther conditions			
	(Include pregnancy within 3 months of death)			
14. Maiden name Louisa Reed	Major findings of operations.			
2 15. Birthplace Hancock, Md.	Date of op.			
16. Intermant Mrs. Reymus L. Moxley	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Hancock, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;			
17. (Burial, cremation, or removal, Which?) Date thereof. Mar. 7 (947) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. Riverview	Where did Injury occur?			
Location Hancock Md.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Charles R Bast	Means of Injury Injured at work?			
Address Hancock Md	4. 1. + R. J. hisa			
	23 SIGNATURE / LAMIN / COTTURE // TO			



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MARGIN RESER	Titl Digital trivia services as some and services and the
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9.45.15M	
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Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH age shown on: 2411 N. Charles St., Baltimore 83 3010 CERTIFICATE OF DEATH FILM No. G 11 L MAY 14 1947 1. PLACE OF DEATH: Washington 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Washington Maryland Williamsport R. F. D. #2
(If outside city or town limits, write RURAL and give nearest town) Williamsport Md R.F. D. #2 (If outside city or town limits, write RURAL and give nearest town) How long in hospital or institution?...... 2.(c) If veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Amanda True Hoffman 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Female married white 21. I CERTIFY that doubt occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife...Guy.....Hoffman deceased (mo., day, yr.) DURATION 8. AGE: Williamsport Md (Town, county, and atate) housewife 10. Usual occupation... home 11. Industry or business E 12. Name Omer Will
13. Birthplace Maryland 12. Name Omer Wilbur Anderson (Include pregnancy within 3 months of death) 14. Maiden nat Mary Virgina Ridenour Maryland Guy Hoffman PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Williamsport Md. R.F.D.# 22. VIOLENCE: If death was due to external causes, fill in the following; (Burlal, cremation, or removal, Which?) (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) Willia, msport Md. injured at home, farm, industry, public place (where?) Edith V. Leaf Injured at work? Means of Injury Williamsport 23. SIGNATURE

RECEIVED MAR 26 1947 BUREAU V & and the second

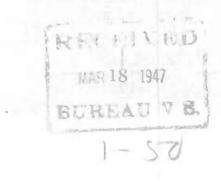
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington	State Maryland County Washington		
County Washing ton City or town (If outside city or town limits, write RURAL and give nearest town)	Hagers town		
How long in above place of dealh? 5 Days	City or town Hagers town limits, write RURAL and give near	est town)	
Hospital, Institution, or street address where death occurred:	South Potomac St		
Washington County Hospital	None		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security N	lumber	
Irwin Frederick Hoffman Sr.	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	P	
Male White Married	2D. DATE OF DEATH. March 13 1947	2.10	
6.(b) Name of husband or wife Mary Maisack	21. I CERTIFY that death occurred on the date above stated; that I attended decease	sed from	
6.(c) Name of husband or wife	march 5 1947 10 march 1		
7 Bill dala ad	and that I last saw h. com. alive on Manch 13	19.4.7	
deceased (mo., day, yr.) July 26 1887	Immediate cause ol death	DURATION	
8. AGE: Years Months Days If less than one day	Myseardiel Infarting	2 week	
59 7 17hrsmin.		***************************************	
9. Birthplace Milford Worcester Co. Mass.	Due to I by perturning - Comman arterio durte	•	
(10wn, county, and state)	Hart Dising	1 year	
1D. Usual occupation Insurance	Due to	0	
11. Industry or business Own Business			
Frederick Hoffman	Other conditions Diabetes Welliters Weld	2 year	
13. Birthplace Holliston Mass.	(Include pregnancy within 3 months of death)	0	
置 14. Malden name Emma J. Nichols			
Emma J. Nichols 14. Malden name Upton Mass.	Major findings of operations.		
Irwin F. Hoffman Jr.	- Dale of op		
16. Informant	Autopsy results	tatistically.	
Address Hagerstown Md.			
Burial Bate Ihereot 3/15/47	22. VIOLENCE: It death was due to external causes, fill in the following:		
(Burta) cremation, or removal, which;) (month) (day) (jear)	Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	(State)	
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)	***************************************	
Andrew K. Coffman	Msans of Injury Injured at work?		
Address Hagerstown Md.	Sor millett	- m. s	
Marit 17 1400 HAR-NORM	23. SIGNATURE Dalvy Colon	other)	
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar		-14-47	



e correct age

UNFADING INK. Supply every item of information carefully. He can, Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

2.(a) If veleran, name war

Dr. Wells

Reg. Diat. No.

CERTIFICATE OF DEATH

Registrar

2. USUAL	RESIDENCE (HOME) OF DECEASED:
State M	aryland County Washington.
City or town	Hamanatair
Street No	29 S. Foundry
2 (a) If valo	(If rural, give LOCATION) None

3. (a) FULL NAME

How long in hospital or institution?.....

1. PLACE OF DEATH:

3. (b) Social Security Number

	Harris	son E	. Ho:	rnbal	cer
. \$e1	5. Color or race	6.(a)Single.	, married, wi	dowed, or di	vorced
Male	White	W	idowe	er	
(b) Name of husband	or wife	Mar-	tha	•••••	
			If alive, give	ve 22e	years
. Birth date of deceased (mo., day, y	July	24 18			
3. AGE: Years	Months 7	Days 29	If less th	han one day	min.
D. Usual occupation	cersburg Laborer	Frank	clin	Co.	Pa.
1. Industry or business	McCrory		3		
12. Name A8.	ron Hornb Mercersbu	aker irg Pa	1.		
14. Maiden name	Ellen Sny				
	Mercersbu		Le		
6. Informant	Marvin Co	oke			
Address	Hagersto	own Mo	i.		
Bur	or removal, Which?)	Date there	of	26/4 onth) (day emet	(year)
	r Mercers	burg	Pa.		*******************************
18. Funeral director	Andrew	K. Co	ffma	n	
Address	Hagers	town.	Md.		

Washington

Mospital, Institution, or street address where death occurred: 29 S. Foundry St.

Asgerstown.

ide city or town limits, write RURAL and give nearest town)

None

		22	0-10-348	37
	MEDICAL C	ERTIFIC	ATION a	oout
2D. DATE DF DEATH	March	23	47	lA I
21. I CERTIFY that death	occurred on the date ab	ove stated; the	at 1 attended decease	d from
***************************************	19.	to		19
and that I last saw h	alive on			19
Immediate cause ul dea	t h			DURATION
		•••••		•••••
amle	corono	ny		
Due to Oscil	usion			***********************
Due to				
Other conditions	•••••			•
(Includ	e pregnancy within 3	months of dea	ith)	
Major findings of operat	ions			
			Date of op	
Autopsy results PHYSICIAN: Please une				tistically.
22. VIOLENCE: If death	was due to external car	uses, fill in the	following;	
Accident, suicide, or hom	icide		Date of	
Where did injury occur?				
Injured at home, farm, in				
Means of Injury	,	Inju	red at work?	
23. STENNURE	huy k	ello	DEPUTY ME	

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MAR 27 1947

ATRIAT A

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Dr. Kneisley

Reg. Diat. No.

M. D. or other

Date signed 3/29/47

308

E OF DEATH

			CERTIFIC	CATE OF DEATH Reg. Di
ow long in above place cepital, institution, o	Hagers outside eity or town line e of death? r street address where to the street address where the	death occurred Potom one	URAL and give nearest town O Years	Street No. (If routside city or town limits, write RURAL: 2723 S. Potomac (If rural, give LOCATION) N 2.(a) If veteran, name war. 3.(b) Socia
. Ses	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICAT
Female	White		Single	20. DATE OF DEATH
,(b) Name of husband Birth date of deceased (mo., day,	Fah	6.(e) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I a March 26 1947 to Ma
B. AGE: Year		Days	If less than one day	Immediate cause of death
75	1	25	hrs	min.
1. Industry or busine	H Edward B	use W ouse . Hum	ork Work richouse	Due to
	Hagersto			(Include pregnancy within 3 months of death)
	Amelia Hagersto			Major findings of operations.
16. Informant	Miss Amma Hagerstow		mrichouse	Autopsy results
Buria. (Burial, cremation Cemetery or cremation	l n, or removal. Which?) Ros Hagers	e Hil town,	a 3/31/47 (month) (day) (year Cemetery Md.	Where did injury occur?
1B. Funeral director	Hagersto		offman ryland	1 Bolling
19. Mass. (Date rec'd by r	3/ ₁ 19.4.7	· le	Kast Bower	23. SIGNATURE Address 145 Wwash St

Mayyland	Copole Washing	ton
ity or town	stown limits, write RURAL and give nes	rest town)
treet No. 2723 S.	Potomac	
	give LOCATION)	
.(a) If veteran, name war		
	3. (b) Social Security	Number
	None	9
MEDICAL	CERTIFICATION	
O. DATE OF DEATH	h 29, 1947	21130
1. I CERTIFY that death occurred on the dat March 26 od that f last eaw h	1947 10 March 2	9, 1 19 47
mmediate cause of death Corons	ary Occlusion	MOITARUO
ue fo		
ther conditions Bronchitis		
(Include pregnancy with	in 3 months of death)	
ajor findings of operations		
ajot hadings of operation		
utopsy results	to which death should be charged	statistically.
2. VIOLENCE: If death was due to extern		
coldent, suicide, or homicide	Date of	
there did Injury occur?(City or to	wn) (County)	(State)
njured at home, farm, Industry, public plac	ce (where?)	
teans of Injury	Injured at work?	

PLAINLY

WRITE

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ct age

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore PO CERTIFICATE OF DEATH

03253 at. No. 3 6 9. 0 Reg. Diat. No.....

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street Ho. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Emma. Florence. 1 + und	3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, wildowed, or divorced Fensale Shite Widowel	MEDICAL CERTIFICATION 20. DATE OF DEATH Murch 3 19.47 21/130 P. M.
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 3. 19.4.7. and that I last saw he alive on Murch 2. 19.4.7. Immediate cause of death
8. AGE: Years Months Days If less than one day (G) 3	Due to Henry visione
11. Industry or business 12. Hame Frankline Pierce Daysland J. 13. Birthplace Fred County. Mills 14. Maiden name Martina, Ellen Bahr	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Clarence Hyprol Address / tagentown R. F. D.	Autopsy results
17. Burial Bate thereof (month) (day) (year)	22, VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cheever B Hoones	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral directory. Address Smithsleme and 19. Mars, 4, 1947 bhash Bowers. (Date rec'd by registrar) Registrar	23. SIGNATURE Subset hoverbeen MD. M. D. or other Address Luclastow Md Date signed 3/4/4)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

(13254 Reg. Dist. No. 30 30

1. PLACE OF DEA	(For newborn infants give residence of mother)		
City or town Clear Spring. (If outside city or town limits, write RURAL and give nearest town)			State Maryland Coucty Washington
			City or town. Clear Spring, d. (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or	street address where	death occurred:	
Reside	ence- Cl	ear Spring, Md.	Street No
How long in hospital or	Institution?	***************************************	2.(a) If veteran, name war
3. (a) FULL NAME		Laura Marker Hurd	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Widow	20. DATE OF DEATH. 19 19 19 6:40 D. M
6.(5) Name of husband	or wife Will:	iam H. Hurd	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
T. Birth date of deceased (mo., day, y	Sent	16, 1863	and that last saw h Amailye on Man 1 19.47
8. AGE: Years	Months	Days tf less than one day	Immediate cause of death OURATION
83	5	13hrs.	min. Chronic Cardiac Failur 16 has
· · · · · · · · · · · · · · · · · · ·	denials (Town try Md	142-1
		County, and state)	Chr. Valvular Disease 5 yrs.
1D. Usual occupation	Home J	Duties	Pue to
11. industry or business			arterio Selerosio 10 yro.
12. Name	seph Mar	rker	Other conditions.
	redk. Co	o., Ild.	(Include pregnancy within 3 months of death)
当 14. Maiden name	Susan I	Cline	Major findings of operations
14. Maiden name 15. Birthplace	Fredk. (Co., Md.	Major indings of operations.
16 Informant 1: 7°C	. Willia	n Hurray	
	ar Sprin		PHYSICIAN: Please underline the cause to which death should be charged statistically.
			22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation,			
Cometery or cremator	yRose	Hill Cemetery	Where did injury occur?
Location Lig	rerstown	1. 1.d.	Injured at home, farm, industry, public place (where?)
18. Funeral director	Fred W.	Kraiss	Maens of Injury tojured at work?
		town, Md	a 'ara ma
Au D	. `	0 10 1/1	23. SIGNATURE David T. Quewer M. D.
19 Macket	S 19 7 7	Sport W. Munc	far Address Clear Spring Md Date signed 3/3/47



2411 N. Charles St., Baltimore (102)

03255

CERTIFICATE OF DEATH

Reg. Dist. No. 3050

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Washington	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State Maryland county Washington		
How long in above place of Heath?	(If outsidecity or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred	Street No. Boonstow md. R. 2.		
Boonalno Md. R.Z.	(If rursl, give LOCATION)		
How long In hospitat or institution?	2.(a) 11 veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Effice may Gutul	none		
4. Sex 5. Color or rate 6.(a) Single, marries, widowed, or divorced	MEDICAL CERTIFICATION		
Demale White married	20. DATE OF DEATH. 2002 18 47 21 9 . C. A		
6.(b) Name of husband or wife beach. C. Hutyll	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	June 6 19 4 5, 10 march - 3 18 4 7		
7. Birth date o1	and that I fast saw h. And allive on		
deceased (mo., day, yr.) Uliquat - 28 - 1812	Immediate cause of death		
8. AGE: Years Mont(s) Days 11 less than one day	actual Highestucione 9 mis		
73 6 5hrsmin.	Immediate cause of death. Get tracal Hypractures 9 1200		
9. Birthplace W. offstille Dred. Co. md. (Town, county, and state)	Due to		
10. Usual occupation.	Due 10		
11. Industry or business Dun Home.			
12. Name Saac Mose Same 13. Birtholace (hollaille) and Ca. md	Other conditions		
\$ 13. Birthplace Wolfseille I red. Co. md.	(Include pregnancy within 3 months of death)		
Elizabeth Shauk	Major fiedings of operations		
2 15. Birthplace Wolfstrille Fred. Co. md	Date of op.		
16. Informant Joseph C. Hitzell	Antopsy results		
Address Boonsho Md. R.2			
17 (Burial, cremation, or removal, Which?) Date thereol March, lo. 947 (month) (day) (year)	22. VIOLENCE: 11 death was due 10 external causes, 1111 in the following; Accident, suicide, or homicide		
Cemetery or crematory Stones Curutary	Where did injury occur?		
Barrel of med.	Injured at home, farm, industry, public place (where?)		
Location Donates Tolk	Means of Injury Injury Injured at work?		
18. Funeral director			
Address Soonsho MQ.	23. SIGNATURE Shale of had m. A		
18. Marak, 5- 18.47 Au W. Rast (Date rec'd by registrar) Registrar	Address Rausless Ind Date signed 3/5/47		

MARIO 947

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

258 03256 Reg. Dist. No. 30210

How long in above place Hospital, institution, o	ngton		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Hagers town, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. 66 Winter St. (If rural, give LOCATION) 2.(a) If yeteran, name war.		
3. (a) FULL NAM		Bernard S.Irvine		3. (b) Social Securi 705-10-	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married TY E Irvine	20. DATE OF DEATH Mar. 5		
	d or wife	ry B. 21 1116 6.(c) If alive, give age		726. 24)	19.47
8. AGE: Year 58	Months 9	Days If less than one dayhrs,	Immediate cause of death	lusia	DURATION STREET
10. Usual occupation.	Disper Wester	Rock, Pa. county, and state) sement Accountant n Md. R.R. Co.	Due to Congress of Oc	lost	9-8-44 7-8-44
		H.Irvine ston, Pa. Seitz Pa.	Other conditions (Include pregnancy with) Major findings of operations.		
18. Informant		E. Irvine t. Hagerstown, Md.	Autopsy results	o which death should be charg	************
Cemetery or cremat	n, or removal. Which lory Rose	Hill Cemetery	Where did injury occur?(City or to	Date of (County)	(State)
18. Funeral director	Fred W.	wn, Maryland. Kraiss mac St. Hagerstown,		e (where?)	,
19. May.	8 19 4 j	7 Bharff Sower	23. SIGNATURA O VOCA	MA Date sign	D. or other Nov. 6, 447.



1. PLACE OF DEATH:

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Prect age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH



City or town	limits, write RURAL and give nearest town) Onths e death occurred:	State Wary Land County Washing City or town Hagers town (If outside city or town limits, write RURAL and giv Street No. 618 George St. (If rural, give LOCATION)	e neareat town)
3. (a) FULL NAME		3. (b) Social Secu	
	WILLIAM JONES	NONE	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White	Widowed	20, DATE OF DEATH March 11, 19 19	47 12:15P m
7. Birth date of	s. (e) If allive, give age	21. I CENTIFY that death occupied on the date above stated; that I standed the standard of the	deceased been 47
deceased (mo., day, yr.) ULY 8. AGE: Years Months	Days It less than one day	Immediate Que of death	DURATION
89 8	9 mis mis	Bonde freemann -	
10. Usual occupation	red d	Unclude pregnancy within 3 months of death)	
	Long	Autopsy results	irged statistically.
Cemetery or crematory Rose Location Hagerstown 18. Funeral director Andrew K Address Hagerstown	Date thereof 3/13/47 (month) (day) (year) Hill Cemetery Md. Coffman	Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	(State)

MAR 15 1947 BUREAU VE

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

correct age

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	279
2411 N. Charle	PARTMENT OF HEALTH St., Baltimore 727 E OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Oscar O. Jones	3. (b) Social Security Number 235-12-1244
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced White liarried	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 15, 1947 15:00, at A
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47 and that I last saw h
9. Birthplace	Due to
12 Name Wicklas Jones 13. Birthplace Wishington County, Maryland 14. Malden name Susan Kendall 15. Birthplace Washington County Maryland. 16. Informant Mrs. Catherine Jones	Other conditions
Address Kuhn Ave Hagerston, Id. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Broadfording Cemetery	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: 7. Accident, suicide, or homicide
Location Near Cearfoss, Md. 18. Funeral director Fred W. Kraiss Address Hagerstown, Maryland. 19. May 19, 1947 - Grash Boasse (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?) Maana of Injury Injured at work? 23. SIGNATURE M. D. oryother Address Gate signed 1. The place (where?) Address One of the place (where?)



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (%)

CERTIFICATE OF DEATH

V. Diat. No. 3026

	Reg. Diat. No	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	rest town)
3.(a) FULL NAME Romus Edgar Keadle	3. (b) Social Security 1 705-10-6829	
Male White Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH	at 640 Pm
6.(6) Name of husband or wite Sophia E. Keadle 7. Birth date of deceased (mo., day. yr.) December 31, 1876 8. AGE: Years Months Days Hiess than one day 70 2 9 hrs. mi 9. Birthplace Virginia (Town, county, and state) 10. Usual occupation. Aircraft Workerst 11. industry or business Fairchilds Aircraft 12. Name George Keadle 13. Birthplace Unknown 14. Maiden name Christine Emerson 15. Birthplace Unknown 16. Informant Mrs. Romus Keadle Address Hagerstown, Maryland 17. Burial Date thereot 3-12-47 (Burial, cremation, or removal, Which!) Cemetery or crematory. Rose Hill Cemetery Location Hagerstown, Maryland 18. Funeral director C. M. Suter & Sons Address Hagerstown, Maryland 19. Maryland	1/45 1/442	9-4719 DURATION Jon Construction Luckness Pro Cab Jon Cay statistically. (State)

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MAR 13 1947

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 3020
1. PLACE OF DEATH: County ————————————————————————————————————	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Penna • County Franklin City or town Chamberburg Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR
El James	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single married, wildowed, or divorced Male White arried 6 (b) Name of husband or wife Setherine King	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19 19
deceased (mo., day, yr.) Jan. 12, 1882 8. AGE: Years Months Oays If less than one day 55 2 9 hrs. min.	Immediate cause of doth M wilh ble closed fracture of pelmes living
(Town, county, and state) 10. Usual occupation Employee W. M. B. R.	Rupluse of deaphrague
11. Industry or business 12. Name Ralph A. King 13. Birthplace Penna.	Bue Thereof humarkeys to the conditions and shock.
14. Malden name Mary Campbell 15. Birthplace Penna.	(Include pregnancy within 3 months of death) Major tindings: 8f operations Please underline
16. Informant Mrs. Katherine King Address Chambersburg, Penna.	the cause I o which the cause I o which should be charged statistion of autopsy as above March 21 19 4
17. Burial Oate thereof March 26, 194 (Burial, cremation, or removal. Which?) Oate thereof March 26, 194 (month) (day) (year) Cemetery or crematory Norland Cemetery Location Chambersburg, Penna. 18. Funeral director Barbour Address Chambersburg, Penna.	Accident, suicide, or homicide accident. Where did injury occur? The street of the street of the street. Where did injury occur? The street of the street. Injured at home, farm, ladustry, public place (where). Ind. R.R. I work the street of the street of the street. Means of the street of th
(Date rec'd by registrar) (Date rec'd by registrar)	What costeron med. M. D. 03/21/47



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2411 N. Charles St., Baltimore 93

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CERTIFICATE OF DEATH

Reg. Dist. No. 302 0

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
countyWashingt.on			state Maryland county Washington	
City or town		が「中国のは、中国社会の日本のでは、「「Manana	9 0	
How long to above place	e of death?5	Years	City or town	, write RURAL and give nearest town)
	r street address where		Street No. 815 Summit Av	
		4	(If rural, give	
		· · · · · · · · · · · · · · · · · · ·	2.(a) If veteran, name war. NOTIE	
3. (a) FULL NAM	E			3. (b) Social Security Number
	CHARLES	HENRY LEAR		717-07-9388
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	White	Married	20. DATE OF DEATH March 6.	19.47 at 10:50P
A (1) N (1)	Carr	ie V. Lear		
				6 10 × 100 6 141
7. Birth date of			and that I last same alive on	Mar 6-47 19
deceased (mo., day,	yr.) Octobe	r 12, 1884	Immediate cause of death	DURATION
8. AGE: Year				1
62	3 4	24min	Chr. My renold	240
9. Birthptace	arlisle,	Cumberland Co. Pa.	Due to	
		O.T.	General arins	- mino 69-
			Due to	of the 3 mi
		lvania Railroad	- Les	
F		son Lear	Dther conditions	
	Carlis		(Include pregnancy within 8	months of death)
置 14. Maiden name	Jennie	Calhman	Major findings of operations	
14. Maiden name	Carlisl	e Pa.	Major manage of Operation	
	s. Carri	e V. Lear	Aatopsy results	
	lagerstow		PHYSICIAN: Please underline the cause to wi	hich death should be charged statistically.
		, ,	22. VIOLENCE: If death was due to externat cau	uses, fill to the following:
(Burial, cremation	n, or removal. Which?	Date thereof 3/9/47 (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or cremat	ory Rest H	aven Cemetery	Where did tajury occur?(City or town)	(County) (State)
Location Has	gerstown	Md.	Injured at home, farm, Industry, public place (w	here?)
18. Funeral director	Andrew K	Coffman	Meens of Injury	tnjured at work?
Address Ha	gerstown	Md.	1. 20	9187
10 Mar.	9. 1947	Clast Nower	23, SIGNATURE	M. D. or other
(Date rec'd by r	egistrar)	Registra	Address Justine	Date signed 31/4.7

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

SA

correct age



2411 N. Charles St., Baltimore 83-0



CERTIFICATE OF DEATH

03262 Reg. Diat. No. 3016

county Gewashington Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington
(If outside city or town limits, write RURAL and give nearest town)	City or town Williamsport (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death? Lifetime Hospital, Institution, or street address where death occurred:	
nospilat, institution, of street address where death occurred.	Street No. 103 S. Vermont St.
How tong in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3.(b) Social Security Number
George B. McClellan Long	or (o) assured that the second of the second
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH. 3/2/ 19
8.(6) Name of husband or wife Mary Long	21. I CERTIFY that doubt occurred on the date above stated: that I attended deceased from
8.(0) Name of nusband of wife	3 / 1/1 / 1/ - 3/13/5
7. Birth date of Table 9 7 0 6 7	and that I last saw har fall allow on
deceased (mo., day, yr.)	Immediate cause of death Care Cena OURATION
8. AGE: Years Months Days If less than one day	2004
83 9 4hrsmin.	The state of the s
9. Birthplace Williamsport Md (Town, county, and state)	Que to.
(Town, county, and state)	
10. Usual occupation Zaborer	Oue to
11. Industry or business Streets Town	
E 12. Name Dont Know	Other conditions
No 13. Birthplace Dont Know	
14. Maiden name Dont Know	(Include pregnancy within 3 months of death)
14. Maiden name Dont Know 15. Birthplace Dont Know	Major findings of operations.
	Date of op.
16. Informant Mrs Harry Kockwell	Antopsy results
Address 103 S. Vermont St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burtal Pho. 15 Mr.	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Riverview Cem	Where did injery occur?
Location Williamsport Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director Edith V. Leaf	Meene of Injury Injured at work?
Address Williamsport Md	M. F. ann
- (14.	23. SIGNATURE.
19. 3/15-19.47 MMG Los H. Registrar	12 /1: 11 'A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

03263 Reg. Dist. No. 3020

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County.						
City or fown		State Mary Land County Masshington City or town (If outside city or town limits, write RURAL and give nearest town)				
How long in above place	of death?	years	5			
Hospital institution, or	Mulberry	Stree	t	Street No. 32 N. Hulber		
***************************************				(If rural, give I		
How long in hospital or			***************************************	2.(a) If veteran, name war	1	
3. (a) FULL NAMI	Ma	ry Ann	long		3. (b) Social Security N	umber
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Lie	rried	20. DATE OF DEATH. March 15,	1019 11:0	0
	Tohn	NT 1.0	227 CT			
6.(b) Nams of husband	or wife	400	711g	21. I CERTIFY that death occurred on the date abov		
T Distriction of	•••••	6.(e) If alive, give ageyears	and that I last saw h alive on		10
deceased (mo., day, y	Sept	. 25,	1877	Immediate cause of death	-	DURATION
8. AGE: Years		Days	If less than one day	chr. bronchial as	sthma	DOMATION
6	9 5	18	min.	chr. myooarditia		
9. Birthplace	erkley C	ounty,	. W. Va.	Due to		4=*******************
	Home -			chr. vascular hy	pertension	2yrs
10. Usual occupation	J.OME	Ducies) 	Due to		*******************
11. Industry or busines	3	7 7 1		acute cerebral	hemorrhage	
12. Name	William	H. But	ts	Other conditions	***************************************	
13. Birthplace	Berkley	Co.,	W. Va.	(Include pregnancy within 3 m		
14. Maiden name 15. Birthplace	Eligabe	eth My	rers			
E Bidbaian	Herleley	Co.	W Va	Major fiedings of operations		*****************
21 15. Birthpiace	John N.	I one	vi • va •	no		
				Actopsy resolts	ch death shootd be charged s'	tatistically.
Address 02	N. Mulbe	rry St	Hagerstown,	22, VIOLENCE: If death was due to external caus		
17 Buria	1	Date there	ot 1 ar e 18, 194 (month) (day) (year)	Accident, suicide, or homicide		
			(month) (day) (year)			
			em	Whers did injury occur?(City or town)		(State)
Location	cerstown	9 Cl e	***************************************	Injured at home, farm, Industry, public place (who		
18. Funeral director	Fred W.	Krais	S	Msens of Injury	tnjured at work?	
Address Ha	gerstown	, Md .		N Reland	W WET MED	ICAL EXAM
- Addition	10 117	1.4	earl House Al	23. SIGNATURE	WASHD. C	D. MD.
19. //Lavo,	8. 1947	PIN	Registrar	Marcostown.	med . note signed 3	107/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore @3



CERTIFICATE OF DEATH

			reg. Dist. No
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
County Washington	R 32	state Maryland Coun	787 1- 3 A
City or town. H- agerstown R 32 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 years		City or town Hagerstown I	R # 2 write RURAL and give nearest town)
Hospital, institution, or street address where de		Street No. mear Williams	ort
How long In hospital or institution? NO	t ne	(If rural, give I None	OCATION)
3. (a) FULL NAME			3. (b) Social Security Number
JOSEPH THOMAS	LUTTRELL		None
1. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male White	Widower	20, DATE DF DEATH March 30	1947 19 at 2 A
6.(b) Name of husband or wife	У	21. I CERTIFY that death occurred on the date above	
		78au . 20 19.4	
7. Birth date of		and that I last saw helper. alive on	u. 29 1847
deceased (mo., day, yr.) Septe: 8. AGE: Years Months	mber 24 1864 Days if less than one day	Immediate cause of death	OURATION
82 6	6mirsmir	Cerebra han	aulace 10 hour
9. Sirthplace Shockeysvill	e Fred. Co. Va.	Due to	
Carnan			3
10. Usual occupation		Due to	
			00 - Cham - 101
	Luttrell	Other conditions Operace	acces to acce
조 13. Birthplace Shockeys 의 Alvina A	ville Va.	(Include prex pancy within 3 m	onths of death)
Z 14. Malden name		Major findings of operations	
15. Birthplace Shocke	ysville Va.		Date of op
16. Informant Joseph Lutt:	rell	Autopsy results	
Address Hagerstown 1	Md. R # 2	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
17 Butial (Burial, cremation, or removal, Which?)	Date thereof 4/1/47 .	22. VIOLENCE: If death was due to external cause	
	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Shochey	sville cemetery	Where did injury occur?(City or town)	(County) (State)
Location Shockeys:	ville Va.		
18. Funeral director Andrew K.	Coffman	Means of tnjury	tnjured at work?
	town Md O	Look -	~ 44
1 (1)	y Jecol	23. SIGNATURE	Ol O M. D. or other
19 3/3/14719 (6)	Lee MI Chro	002.000	Jm 3/2, 100

APR 3 1947
BUREAU V 8

Reg. Dist. No. 30 20

CERTIFICATE OF STILLBIRTY Reg. Dist. No..

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

-			
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Washington		State Maryland
	City or town Hagerstown		County Washington
	(If outside city or town limits, write RURAL and give nearest town)		
	Street address, hospital, or institution:		City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
	Washington County Hospital		Street No 795 Hamilton Blvd.
	Length of mother's stay in County		Street No. 795 Hamilton Blvd. (1f RURAL give LOCATION)
		(1	seventeenth 117 0200
	Name of child Not Mamed	11	Date of birth Mar 17 Hour 330 P.M.
5.	Sex Lale 6. Twin or triplet	7.	No. of weeks pregnancy28
	FATHER OF CHILD		MOTHER OF CHILD
8.	Full name Adolph Marcus	1.1	Full maiden name Delores Del Génio
	Color	13.	Color 14. Age at time of this birth yrs.
11.	Usual occupation Tool laker	15.	Usual occupation Home Duties
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now de-	ad ?	(c) How many other children were born dead?
	Did child die before labor? No During labor? No	21.	Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of? remature Color		prematurity, asphyxia, etc., try to add cause thereof.
			(a) Fetal causes Pramatunity, Pulmonary
19.	Labor: (a) Complications of		(b) Maternal causes
	(b) Induced? wb		
20.	(a) Was there an operation for delivery? (Yes or No)	22.	I certify to the birth of this child who was born dead* on the date and hour above stated.
	(b) State all operations, if any		
	1		Signature (Specify if M. D., midwife, of other)
	(c) Did child die before operation?		
	During operation?		Address Hagenstoney Md.
23.	(a) Burial (b) Date thereof Mar. 18, 1 (Burial, cremation or removal) (month) (day) (year)	25.	(a) Mar. 20.1947 (b) Charft Bowers.
	(c) Cemetery or crematory Hebrew Cemetery	26	(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director Fred W. Kraiss	20.	The above certificate has been examined by me.
	(b) Address Hagerstown, Maryland	1	Health Officer, per

* See Instruction C on stub.



MAR 22 1947

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WRITE PLEASE A15 SA

PLAINLY, vis especially

(Date rec'd by registrar)

MARYLAND	STATE	DEPARTMENT	OF	HEALT
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2411 N. Charles St., Baltimore



Reg. Diat. No. ...

CERTIFICATE OF DEATH

Registrar

2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
Slate Maryland	county Washington
440 Carrol to	nits, write RURAL and give nearest town) n AVE
2.(a) It veteran, name war. None	ive LOCATION)
	3. (b) Social Security Number

ounty	FIFT PROPERTY STATE	grifite balle graffer	6	
City or town Hag	erstown	imits, write l	RURAL and give nearest town	n)
Now long in above place	of death? 8 Ho	urs		
Hospital, Institution, or	street address where	death occurre	d:	
Washing	ton Cour	ity Ho	spital	
How long in hospilal or	Institution? 8 F	lours		
3. (a) FULL NAME			40	
	ENNEVIEV	E BIS	HOP MESHERR	Y
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	3
Female	White	1	arried	11.7
6.(6) Name of husband	or wite	Floy	d	R. S
		6.0	e) tf alive, give age	vear
7. Birth date of deceased (mo., day, y	May 2	3 190	17	
8. AGE: Years	Months	Days	It less than one day	
45			hrs.	min
9. Birthplace	Town.	county, and	Columbiana Ohio	UC
1B. Usual occupation	Hous	ewife		
11. todustry or business	Oarn	IIOMA	***************************************	
11. Industry or business ∝ I	h = ml o = T	Homo		
12, NameO	narres r	ranor)	
13. Birthplace	East Liv	rerpoo	1 Ohio	
14. Maiden name	Cecelia	Marsh	all	
E 15. Birthplace	East Ti	verpo	ol Ohio	
16. Intermant	J. Floyd	l McSh	erry	
Address	Hagersto	wn Mo		
Buria	1		eof. 3/2 6/47 (month) (day) (yea	
17(Burlat, cremation,	or removal. Which?	Date ther	(month) (day) (yea	r)
Cemetery or cremator	Rose	Hill	cemetery	
	Hagersto	wn Md		
18. Funeral director				
Address	Hager	stown	Md.	

			Security Nu	mber
		Non		
	MEDICAL	CERTIFICAT	ION	P
20. DATE DF DEATH	March	22 1947	19 at	11.40
21. I CERTIFY that dec	146	19 15 16 3/ 3/22/47		d trom 19
		(M	res)	DURATION
	······································			
		in 3 months of death)		
Major findings of ope	rations	•••••	***************************************	
Antopsy results		to which death should		
22. VIOLENCE: tt de	eath was due to extern	al causes, till in the tolle	owing;	
Accident, suicide, or t	omicide	D:	ate of	
		wn) (Coun		State)
Injured at home, farm,	Industry, public plac	e (where?)		
Means of Injury	1	Injured a	t work?	

MAR 28 1947 BUREAU V 8. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The or is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

★ 03267

CERTIFICATE OF DEATH

Reg. Diat. No. 3020

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washnigton	State Maryland County Washington
City or town	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Fairplay P.D.
3/5 West Side avenue	(If regral, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary Catherine Y	note none.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Denne White married	2D. DATE DF DEATH May 18-47 19 21 7 19
5 (b) Name of husband or wife. Victor m. meta	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Max 17-47 18 10 Max 15-4 38
7. Birth date of	and that I last eaw bar alive on May 6-47 19
deceased (mo., day, yr.) Clugue - 5 - 892	Immediate cause of death
8. AGE: Years Months Days It less than one day	
54 7 3	Hydre nephrosio beleties 6 min
9. Birthplace Kendysicle Wash Co. Md.	Due to.
24	
10. Usual occupation.	Due to to
11. Industry or business Hum Home,	-
12. Name assulton miller	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Martha Wade 15. Birthplace Wash Co. md.	Major findings of operations.
2 15. Birthplace Wash, Co. md.	Date of op.
16 Informant Victor m. m. eta	Autopsy results
Address Dainblay md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (Auch. 2.2.1.94.) (month) (day) (year)	Accident, suicide, or nomicide
Cemetery or crematory Manus Century	Where did Injury occur?
Location Near Til glunauton md. J	Injured at home, farm, industry, public place (where?)
PITMI S B. + as.	Means of Injury injured at work?
18. Funeral director O-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V	2014
Address Donalrow ma.	- 1/23. SIGNATURE TO SULTA
" Mary 19, 47 Strast bower	M, D, or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed

MAP 22 1947

2411 N. Charles St., Baltimore 3

CERTIFICATE OF DEATH

	- (3	3208
 Disa		302

1. PLACE OF DEATH: Mashington	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother) State Parsa County County & Fananke
City or town (If outside city or town limits, write RURAL and give nearest town)	0
How loog in above place of death? 14 Clay 5	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Invitation, or street address where death occorred:	
Washington Co. Susfiled Hugerstand	Street No
How long in hospital or institution?	2.(a) If veteran, name war, Mary
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married widowed or Rivorced	7- 199-07-9434
10.1	MEDICAL CERTIFICATION
Male Mile Nedower	20. DATE OF DEATH March 16 1947 31 2015a
8.(b) Name of husband or wife. Wife dead	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(0) Name of nusband or wife	1 Feb 1947, 10 16 MAX 194
7. Birth dato of Second	and that I last saw h. data, alive on 15 And 18 4
deceased (mo., day, yr.) May 10 - 1875	
8. AGE: Years Months Days If less than one day	Immediate cause of death Duration Attento Sciencia Carolio rusculor Luchum
7/ 10 6min.	disease disease
Taracklin Cr Pa.	
9. Birthplace (Town, county, and state)	Duo to
10. Usual occupation Francis (Retired)	***************************************
11. Industry or business /	Duo to
KI	
12. Name Daniel William Co. Pa-	Other conditions
14. Maiden name Sarak Keller	(Include pregnancy within 3 months of death)
2 15. Birthplaco Franklin Co. Pa,	Major findings of operations.
21 15. Birmplaco Françoise Co. 121	Date of op.
16. Informant Froward a Muller	Autopsy results
Address 142 Broadway Hagerslow led	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bate theroof sarch 19.47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Fair View County	Where did lajury occur? (City or town) (County) (State)
Grancer Smerle Co	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director M. M. Lunger	Means of injury injured at work?
Address Murcershwag, La.	It It AMAMA
MAN 17 47 DUADHBOOM	23. SIGNATURE M. D. or other
Data rec'd by registrar	231 N Polymy 17 My 47

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	MAR 19 1947	1
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Section of Languages and April 1981 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
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ADING INK. Supply every item of information carefully. The dephysicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



03269

CERTIFICATE OF DEATH

Reg. Dist. No. 302

County Clty or town	(For newborn infants give residence of mother) State. Laryland couply. Washington City or town Hagers Lown (If outside city or town limits, write RURAL and give nearest town) Street No. Washington Avenue		
605 Washington Avenue	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3.(a) FULL NAME Mary Wilson Moore	3. (b) Social Security Nue	mber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH. N. 10 19 21 19 21 21		
6.(b) Name of husband or wife Ezekiel Moore	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from	
	s and that f last saw he. r. alive on March 2		
7. Birth date of deceased (mo., day, yr.) March 27, 1863	and that f last saw h.R.T. alive on	DURATION	
8. AGE: Years Months Days If less than one day 3 hrsmin.	Hypertensive Cardio-Vascular	2 y rs .	
9. Birthplace Scotland (Town, county, and state)	Due to Arteriosclerosis-Generalized	y. <i>T.</i> 4.,	
10. Usual occupation	Due to		
George S. Wilson 12. Name Scotland	Other conditions		
# 14. Malden name Flizabeth Dudgeon	(Include pregnancy within 3 months of death)		
14. Maiden name Flizabeth Dudgeon 15. Birthplace Scotland	Major findings of operations		
William E. Moore	Date of op.		
16. Informant	Anlopsy results		
Address 638 W. a Washington Sta- Hagers 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Acse Hill Cemetery			
Location Hagerstown, Md.			
	as a status of most 2		
18. Funeral director Fred W. Kraiss			
Address Hagerstown, Md.	23. SIGNATURE Clark a. H. Affra. M. D. or of		
19. Mars. 4, 19.47. Last Bowers. (Date rec'd by registrar) (Date rec'd by registrar)			



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MARYLAND STATE DEPARTMENT OF HEALTH



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Reg.	Diat.	No.			

Date signed /w//

2411 N. Charles St., Baltimore (73-4) CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	state Maryland Washington		
(If outside city or town limits, write RURAL and give nearest town)	Hegenstown		
How long in above place of death? 48 years Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No. 842 Summit Avenue		
842 Summit Avenue	Street No. Office of the LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Vernie V. Morrison	None		
4. Sex 5. Color or race 6.(a) Singles married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH 1/20 24 1327 21 32		
6.(b) Name of husband or wife William F. Morrison 6.7 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
7. Birth date of deceased (mo., day, yr.) June 2, 1882	Immediate cause of death DURATIO		
8. AGE: Years Months Days If less than one day	Immediate Chale of Geath		
64 9 22hrsmin.	Cromer / wine		
9. Birthplace Winchester Virginia (Town, county, and state) 1D. Usual occupation Ousewife	Due to. Due to.		
11. Industry or business 12. Name	Dther conditions		
II EL 13. Biltiplace	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Burger 15. Birthplace Middleburg, Pa. 16. Informant William F. Morrison	Major findings of operations		
≥ 15. Birthplace Mlaaleburg, Pa.	Date of op.		
16. Informant William F. Morrison	Autopsy results		
Hemeratarm Marriand	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Date thereof 3-27-47 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)		
I Sutar & Song	Means of Injury Injured at work?		
Was and the same of the same o	(1) (1) x		
Address Hagerstown, Maryland	23. SIDNATURE SULLAND		
19. Mar. 26, 19. 47. 6 Real Hybraria Registrar	Address. Date signed Tust		

RECEIVED MAR 28 1947

BUREAU

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2411 N. Charles St., Baltimore

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Dr. Brewer 272 03271

Reg. Dist. No. 3020

county Washington

OF DEATH

		CERTIFICATE
1. PLACE OF DEATH:		
county Washington		
City or town Hagers town (If outside city or town lin		
Tif outside eity or town lin	mits, write RU	JRAL and give nearest town)
How long in above place of death?	death occurred:	
Garlock Memoria		
How long in hospital or Institution?		
3. (a) FULL NAME		
MRS NORA	MAY MU	JLLIN
4. Sex 5. Color or race	6.(a)Single	, married, widowed, or divorced
Female White	Wido	wed
6,(b) Name of husband or wife		
7. Birth date of	6.(e)	If alive, give ageyears
deceased (mo., day, yr.) April	114,18	375
8. AGE: Years Months	Days	If less than one day
71 11	1	hrs. min.
9. Birthplace Clearspring (Town,	Wash	ington Co. Md.
10. Usual occupation Housewife		
11. Industry or business Own Hor	me	
# 12. Name Samuel Beys	ard	
12. Name Samiel Beys 13. Birthpiace Clearspr:	ing Mc	
14. Maiden name Mary Ro	owland	
14. Maiden name Mary Ro		
16. informant Mrs. Des rol	na K.	Smitzer
Address Los Angles	Calif	ornia
17 Burial (Burial, cremation, or removal, Which?)		3/17/47 (month) (day) (year)
Cemetery or crematory St. Par	ıls Ce	metery
Location Near Clear	spring	Md.
18. Funeral directorAndrewK.		
Address Hagerstown 1	Vd.	0 100 /

ddress where death occurred: MOTIAL HOME on? & Weeks	Street No. 218 Winter St. (If rural, give LOC/ 2.(a) If veteran, name war None	ATION)
NORA MAY MULLIN		None 1.5
r or race 6.(a)Single, married, widowed, or divorced hite Widowed	MEDICAL CERT 20. DATE DF DEATH March 15,	
William E. 6.(c) If alive, give age	21. I CENTIFY that death occurred on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date above stated that I last saw how alive on the date alive on the date above stated that I last saw how alive on the date alive on the date alive on the date alive on the date alive of the date alive of the date alive of the date alive of the date alive on the date alive of the date	10 Mar 15, 19 44, 19 47, 19 47, 19 47, 19 47, 19 47, 19 4 weeke
pring, Washington Co. Md. (Town, county, and state) sewife wn Home	Due to. Due to.	osis 10 yis
l Beyard arspring Md. ary Rowland arspring Md.	Other conditions	s of death)
marina K. Smatzer	Autopsy results	
ngles California Date thereof 3/17/47 (month) (day) (year) t. Pauls Cemetery	22. VIOLENCE: If death was due to external causes, for accident, suicide, or homicide Where did injury occur?	(County) (State)
Clearspring Md.	Injured at home, farm, Industry, public place (where?) Msans of injury	Injured at work?
1947 Chast Bowers	23. SIGNATURE Taving Address Clear Spring	M.D. or other M.D. bate signed 3./17/4

MARGIN RESERVED

FOR BINDING

WITH UNFADING INK. Supply every item of information carefully, important. Physicians: please write the causes of death clearly and l

VS A15

WRITE

PLEASE

Mars, 17, (Date ree'd by registrar)

MAR 19 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 749 CERTIFICATE OF DEATH

03272

Courty No. 3) Instance Courty No. 3 (Programment infants give residence of methors) (If outside city or town limits, write NUMA and give nearest town) Reveal a bore place of death. Respect Lown	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
State. MAT Y LOWN State. MAT Y	Washington		(For newborn infants give residance of mother)	
Rev long in above place of death?	50	ger town	argression of the state of the	••••••
Respital_passimple, or street address where death occurred: 4			City or town	t town)
Row long in hospital or institution? 3. (a) FULL NAME Carrie Kinehart Murray 3. (b) Social Security Number 3. (c) FULL NAME Scoler or race White Scoler or race White Widow S. (b) Hame of husband or wile S. (c) If allre, give age. S. (c) If allre, give age. S. (c) If allre, give age. S. AGE: Year Menths Social Security Number 2D. DATE BY DEATH. M.R. C. M. J. S. 19.47. 13. Birth date of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statists: that lattended decessed from latter and that last swill. Size of date above statistic control of date above s	Hospital, Institution, or street address where deal	th occurred:		
3. (a) FULL NAME Carrie Rinehart Murray 4. Set Pemale S. Golor or race White White S. Golor wife, and widowed, or disorced Widow S. Gol Mame of husband or wife. James W. Murray S. Gol Mame of husband or wife. James W. Murray S. Gol Malve, give age. James W. Murray S. Gol Malve, give age. James W. Murray S. Golor Malve, give age. James W. Murray S. Golor Malve, give age. James W. Murray S. Golor Malve, give age. James W. Murray S. AGE: Years Months Golor Months Go	49 West Sine Ave	enue		
4. Sex Pemale S. Color or race White Widow 8. (b) Name of husband or wife James W. Murray 5. (c) If alive, give age years decreased (mo., day, yr.) 7. Birth date of decreased (mo., day, yr.) 8. AGE: Years Monits 8. AGE: Years Monits 9. Birthplace Williamsport Wash, Co.s. Md., Town, county, and state) 10. Usual occupation. 11. Industry or buriness 12. Is Manden name Sarah Foutz 13. Birthplace Williamsport, Id. 14. Burial Research (monit) (day) (year) 15. Birthplace Williamsport, Id. 16. Informant William Murray 16. Informant William Murray 16. Informant Part of the fact of the fact of the fact above vialated. The fact of the fact above vialated. The fact is allowed deceased from June 19. 16. Informant William Murray 17. Birthplace Williamsport, Id. 18. Informant William Murray 19. Birthplace Williamsport, Id. 19. Birthplace Williamsport, Id. 19. Birthplace Williamsport, Id. 10. Informant William Murray 11. Infoliate Agents of operations 12. VIOLENCE: If death was distinct for the fact of			2.(a) If veteran, name war	
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6.(b) Name of husband or wife James W. Murray 6.(c) Name of husband or wife James W. Murray 6.(d) Name of husband or wife James W. Murray 7. Sirth date of deceased (me. day, yr.) June 10, 1881 8. AGE: Years Months Days Itless than one day 6.5 8 19 Itless than one day 7. Sirth date of deceased (me. day, yr.) June 10, 1881 8. AGE: Years Months Days Itless than one day 8. Sirthplace Williamsport Wash Co., Md. 10. Usual occupation. 11. Industry or business 12. Name. John Rinehart. 13. Birthplace Greencastle, Pa. 14. Malden name. 15. Birthplace Williamsport, Md. 16. Informant. 17. William Murray Address 18. Funeral director, Greenston, or removal, Which) 19. Date thereof, Mar. 4.47 (Burial, cremation, or removal, Which) Cemetery or crematory removal, Which) Location. 18. Funeral director. 19. Authory results. 20. DATE OF DEATH MARCOLL, 1, 19.4, 19. a. a. 19.4 20. CERRIFY that death occurred on the date above stalgt: that I strated deceased from the deceased for the deceased from the deceased from the deceased from the deceased from the d	11 001		MEDICAL CERTIFICATION	
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8. AGE: Years Months Days If less than one day 19 19 19 19 19 19 19 1	••••	6.(c) If alive, give ageye	pars 19.55 to	
8. AGE: Years 65 8 19 If less than one day 10 If less	7. Birth date of deceased (mo., day, yr.) June:	10, 1881		
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10. Usual occupation Home Duties	65 8	19hrsm	nin.	
10. Usual occupation Home Duties	Williamspor	t- Wash. Co. Md.	Bur to ansing sections	tod
11. industry or business 12. Name	(Town, cou	inty, and state)		
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Location Hagerstown, Ida Injured at home, farm, industry, public place (where?) 18. Funeral director Fred W. Kraiss Hagerstown Ida 19. Funeral director Grant Course Ida 1	15. 8irthplace William Mun 16. Informant William Mun Address	rray Hagerstown, Mo	Autopsy results	tistically.
18. Funeral director	14. Malden name. 15. Birthplace William Mun 16. Informant. William Mun Address 11. Burial (Burial, cremation, or removal, Which?)	Hagerstown, Mc Bate thereof Mar. 4-47 (month) (day) (year)	Autopsy results	tistically.
18. Funeral director Tred W. Kraiss	15. Birthplace William Must Address 16. Landon name. William Must Address 17. Runial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rest Ha	Hagerstown, Mo Date thereof Wars 4-47 (month) (day) (year) aven Cemetery	Autopsy results	tistically.
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	14. Malden name. 15. Birthplace Williams 16. Informant. William Mun Address 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rest Hallocation Hagerstown 18. Funeral director. Fred W	Hagerstown, Mo Bate thereof Mar. 4-47 (month) (day) (year) aven Cemetery I'd. Kraiss	Autopsy results	tistically.
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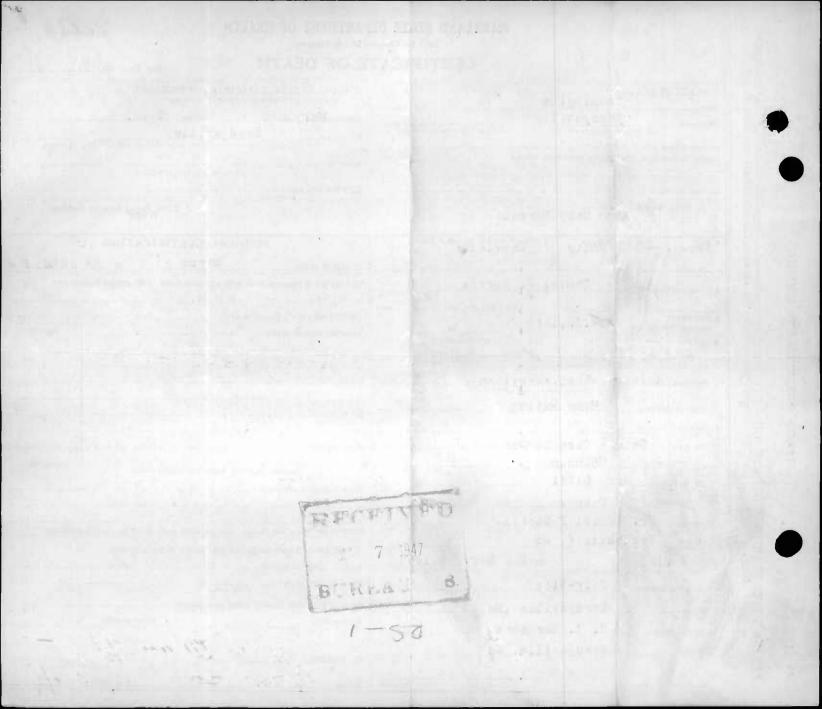
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03273

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Maryland county Wash.		
City or town	City or lown. Keedysville (If outside city or town limits, write RURAL and give nearest town) Street No		
3. (a) FULL NAME Anna Mary Norris	3. (b) Social Security Number		
4. Ser White 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION		
	20. DATE OF DEATH. March 3 19 47, ot 2:20 P M		
8.(b) Name of husband of wife Daniel F. Norris 66 7. Birth dafe of deceased (mo., day, yr.) Nov.15, 1883	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years Months Days If less than one day 63 3 16	ρ, , , , , , , , , , , , , , , , , , ,		
9. BirthplaceAnitetam-WashMaryland(Town, county, and state) 10. Usual occupation	Due to		
12. Name George Otzelberger 13. Birthplace Unknown	Diher conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Gifft 15. Birthplace Unknown	Major findings of operations		
16. Informanf Mr. Daniel F Norris	Autopsy results		
Address Keedysville, Md 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Fair-View	Where did injury occur? (City or town) (County) (State)		
Location Keedysville ,Md	day and the state of the state		
18. Funeral director	G.W. Pellan gu. 8		
19 Mar. 5 19 47 K Dieting Registrar	23. SIGNATURE M. D. or other Address Bate signed 3/4/4/7		



w. wash (Se

he correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (920)

	Dist No.	20	
~	1 34	3020	

03274

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Utashmaaton	-m 1 - 11 - 11 - 1
(If outside city or town limits, write RURAL and give nearest town)	Const Mannagaria (1987)
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 249 East Howard St.
249 East Howard St.	(II rurai, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Katherine agnes &	hillips none
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Demale White married	20. DATE OF DEATH March 1 1- 19.47 21 1.30 P. M
6.(b) Name of husband or wife Charles Co. Chillips	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	2/ 1200 11 - \$7-
7. Birth date of deceased (mo., day, yr.) Manala - 13 - 1893	and that I last saw be alive on 19.
8. AGE: Years Months Days if less than one day	Immediate Cause of death.
.53 11 28hrsmin.	(Cut Cadae Olaphy Inght
· Birtholace heatmut Grove Wash, Co. md.	Oue to
(Town, county, and state)	Chr. Librembhs-
10. Usual occupation.	Oue to
11. Industry or business Ocur Home.	
12. Name Charles m. Smith	Other conditions Mural Jaquigafisher -
	(Include pregnancy within 3 months of death)
14. Maiden name Ellen Halmes 15. Birthplace Bakerton Un Va.	Major findings of operations
15. Birthplace Bakerton W. Va.	Date of op.
16. Informant Charles Cb. Phillips	Autopsy results
Address 249 E. Howard St. Hagerstow md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
and we are	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, Eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Church the Brethren Churchay	Where did injury occur?
Location & townsimile md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Will & Bast & Sous	Means of Injury
Address Boousboro md.	Trank Mulicite
Mad 12 47 Clast HBankers)	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Hage Stall Mark Date signed 5/12/97



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washing ton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Rural Shar paburg (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington		
How long in above place ot dealh?	City or town Rural Sharphburg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) liveteran, name war. War II		
3.(a) FULL NAME Howard W. Pierce	3. (b) Social Security Number 220-09-8774		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Single	MEDICAL CERTIFICATION 20. DATE OF DEATH		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.44 and that I last saw h 19.44 Immediate cause of death OURATION		
8. AGE: Years Months Days If less than one day 32 9 15 hrsmln.	Tuline case of data		
9. BirthplaceAntietam-Washington-Maryland (Town, county, and state) 10. Usual occupation	Due to		

Julia to James on your Sand of the State of the RECEIVED MAR 13 1947 BUREAU V &

legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03276

CERTIFICAT	E OF DEATH Reg. Diat. No. 3020
1. PLACE OF DEATH; County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Detugle White Married. 6.(b) Name of husband or wite	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated: that lattend the ceased from 1947.
7. Birth date of deceased (mo., day, yr.) August - 21 - 1876	and that I last saw hailve on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 1422N
70 7 4hrsmin.	Chronic Endolardity 1 " +
9. Birthpiace Slaver Comp. (Town, coonty, and state)	Due to
10. Usual occupation	Due to
12. Name William Duntylury 13. Birthplace Wash Co. md.	Diher conditions
# 14. Maiden name Julia Reynolds	(Include pregnancy within 3 months of death) Major findings of operations
14. Maiden name	Major Badings of operations. Date of op.
16. Informant J. Edward Kemsburg	Autopsy results
Address Baltalow Md. (13) 17. Burial, cremation, or removal, Which?) Date thereof. March. 29. 19.47. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the toilowing: Accident, suicide, or homicide
Cemetery or crematory Kest Haven Centulary	Where did injury occur?
Location Dageration Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director AW 3 1Sast 4 Sous	Moans of Injury Injured at work?
Address Y Dooustons Md	7
19. Mars. 27. 19. 47. Charttlowers (Date rec'd by registrar) Registrar	131 W. WASHINGTON, ST. 3/4/

MAR 29 1947

1-50

tem of information carefully. The causes of death clearly and legibly.

item of

Physicians: please

important.

especially

PLEASE WRITE

1. PLACE OF DEATH:

Hospital, institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 124

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CERT	IFI	CAT	CE ()E	DEA	TH
					I J C. A	

E OF DEATH	Reg. Dist. No. 302
2. USUAL RESIDENCE (HOM (For newborn infants give reside	
State Mary Lend	County Washington
City or town	t own n imits, write RURAL and give nearest town)
Street No	Ave
2.(a) If veteran, name war	
	3. (b) Social Security Number None
MEDICA	L CERTIFICATION
2D. DATE DE DEATH	March 30 19.47 11.21.0P
21. I CERTIFY that death occurred on the	tate above stated: that I attended deceased from
and that I last saw h. h.c. alive on	19 47, 10 Mar 30 1947 Mor 24 1842
Immediate cause of death	o selection (6 yrs
arterd	o sclerois 6 yo
Due to	
Due to	
ther conditions	***************************************
(Include pregnancy wi	thin 3 months of death)
daior findings of operations	
talot tracings of obetadoes	

How long in hospital or institution?			***************************************	2.(a) If veteran, name war		*****
3.(a) FULL NAM	John V	illiam	Ridenour	3. (b) Social Securi None		
Male	5. Color or race White		ile, married, widowed, or divorced Widowed	MEDICAL 20. DATE DF DEATH	CERTIFICATION	1:
7. Birth date ot deceased (mo., day, 8. AGE: Yea	, yr.) Augu		(c) If alive, give ageyears 1867 If less than one dayhrs. min.	21. I CERTIFY that death occurred on the date Max 1 and that I last saw h	above stated; that I attended deceased fro 18.4.7., to Man 30 Man 30 Casalty	19 19 DURJ
10. Usual occupation	Retir	Riden	ryland atate)	Due to		
14. Maiden name	Halfway Annie R. Louden Co	Edmond	8	(Include pregnancy within		
Address 428	Salem Ave	Hag	erstown, Md reof April 2 1947 (month) (day) (year)	Autopsy resafts PHYSICIAN: Please anderline the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide	which death should be charged statistic causes, fill in the following:	cally.
			ryland	Where did injury occur?(City or town injured at home, farm, industry, public place		
19. Funeral director	R. I. Es Keedysv:	irnshaw	d) 1/2	Means of Injury A3. SIGNATURE	Injured at work? L. Coured, U M. D. or other Try, Mcl. Date signed 4-1	r

Washington

(If outside city or town limits, write RURAL and give nearest town)



THE REPORT OF THE PARTY OF THE PARTY.

. John William Redenour Mr. Ridenour clied at his • residence 428 Salom aul Short, Bowers.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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CERTIFICATE OF DEATH

Reg. Dist. No. 3620

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	
Hazel Byrl Sanbower	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION F
Female White Married	20. DATE OF DEATH Present 4 1947 at S:45 M
6.(6) Name of husband or wife Charles R. Sanbower	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 5.2. years	and that I last saw h alive on 19 19 19
deceased (mo., day, yr.) December 10, 1894	Immediais cause of death OURATION
8. AGE: Years Months Days It less than one day	Immediate Chase of Quantum
52 2 24hrsmin.	aculé coronary oca/useou 10les
9. Birthplace Carroll County, Maryland (Town, county, and state)	Oue to
10. Usual occupation Housewife	Due to.
11. Industry or business	VUS 10
質 12. Name Howard B. Stitely	Other conditions
E 12. Name Howard B. Stitely 13. Birthplace Carroll County, Maryland	
# 14. Malden name Katie Yingling	(Include pregnancy within 8 months of death)
14. Maiden name Katie Yingling 15. Birthplace Union Mills, Maryland 16. Informant Charles R. Sanbower	Major findings of operations.
16. Informant Charles R. Sanbower	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown, Maryland	22. VIOLENCE; If death was due to external causes, till in the following;
17. Burial Oate thereot 3-7-47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur? (City or town) (County) (State)
Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director C. M. Suter & Sons	Meens of Injury 1 Injured at work?
	I C. L. Y LUGO DEPUTY MEDICAL EXAM
Address Hagerstown, Maryland	23. STGHATURE!/ Value of Wells WASH. CO., MD.
19. Mav. 6. 1947 Ckastf/Zowers (Dato rec'd by registrar) Registrar	Addres Nages town med Date signed 3/5/47



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Supply every item of information carefully ease write the causes of death clearly and

ADING INK. Physicians: pl

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MARYLAND STATE DEPARTMENT OF HEALTH

OF DEATH

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		71-	//
Reg.	Dist.	No. 120	-

2411 N. Charles St., Baltimore (1971)

CERTIFICAT	TE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
James E. Saylor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married 8.(b) Name of husband or wife Ruth P. Saylor	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1956, to 167
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last say be and alive on March 25 47 19. Immediate cause of death
8 20	Due to. Die to. Die to. Die to.
14. Maiden name. Unknown 15. Birthplace 16. Informant Mrs. Ruth P. Saylor	(Include pregnancy within 8 months of death) Major findings of operations
Burial Burial Burial Burial Bate thereof Bate thereof Cemetery or crematory Hagerstown, Md. Location Fred W. Kraiss	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Address Hagerstown, Md. 19. May-29. 1947. Flast Bowers. (Date rec'd by registrar). Registrar	23. SIGNATURE . Su Litte M. D. or other Address. Date signed

City or town Hagerstown (If outside city or town limits, wr	ite RURAL and give nearest town)
Street No. 409 Freemont St	; reet
2.(a) If veteran, name war	
3	3. (b) Social Security Number
MEDICAL CERT	TIFICATION
20. DATE OF DEATH March 26, 1	1947 3:25 4.
21. I CERTIFY that death occurred on the date above st	lated: that lattended deceased from 167
Immediate cause of death	DURATION
Chr. Myound	£ 3 m
Due to	
Due to	
Dther conditions	
(Include pregnancy within 3 mont	hs of death)
Major findings of operations	
Autopsy results	death should be charged statistically.
22. VIOLENCE: If death was due to external causes,	
Accident, suicide, or homicide	
Where did injury occur?(City or town)	
injured at home, farm, industry, public place (where?	?)
Meens of Injury	tnjured at work?
23. SIGNATURE S. SW. Su.	the state of the s



WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 940

Dr. Kohler 280

3060

CERTIFICAT	E OF DEATH Reg. Diat. No. 3027		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town		
MRS. LOLA GAVER SCHROYER	3. (b) Social Security Number None		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH March 29, 19. 47. all: 30Am		
6.(b) Name of husband or wife Trenton 6.(c) If alive, give age 82 years 7. Birth date of deceased (mo., day, yr.) November 14, 1869 8. AGE: Years Months Days If less than one day 77 4 15 hrs min. 9. Birthplace Ellerton, Fredrick Co. Md. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business Own Home 12. Name John T. Gaver 13. Birthplace Ellerton Md. 14. Maiden name Jane Spitler 15. Birthplace Dayton Ohio	21. I CERTIFY that death occurred on the dale above stated; that i attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
16. informant John F. Schroyer	Autopsy results		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Luthern Cemetery Location Wolfsville Md.	22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director Andrew K. Coffman Address Hagers town Md. 19. May. 31, 47 Geo. W. Faguson (Date rec'd by registrar)	23. SIGNATURE J. G. J. Sh. Rey, D. or other Address Smithsburg Md. Date signed Mar. 3101194		

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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e correct age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-09

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

03281

CERTIFICATE OF DEATH

Reg. Diat. No. 3020

County	n
(If outside city or town limits, write ROKAL and give nearest town)	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	earest town)
Hospital, Institution, or street address where death occurred: Street No. 6 Downsville Pike	
6 Downsville Pike (Dack, & Local) Street No. 5 Downsville Dike (Ocation)	
How iong in hospital or institution?	
3. (a) FULL NAME	
Elnora M. Semler 213-016-0	061
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Female White Married 20 DAYS OF DEAT MARKET 8 19 44-	7 12:45
20. DATE UF DEAD	
8.(b) Name of husband or wife. Woodrow Semler 21.1 CERTIFY that death occurred on the date above slated; that I allended dea	
7. Birth date of	
decessed (ma day vr.) Jan 178 TV 18 1948	
8. AGE: Years Months Days If less than one day	DURATION
29 1 19hrsmin. I abulle	1/26
Hanover Pa	
9. Birthplace Hanover Pa. Oue to.	***************************************
1D. Usual occupation Waitress	***
11. Industry or business Alhambra Restaurant	***

12. Name Monroe Kopp 13. Birthplace Hanover, Pa.	
E 14. Maiden name Bertha C. Kendall (Include pragnancy within 3 months of death)	***
14. Major findings of operations.	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
E 15. Birthplace Hanover, Pa. Date of op	
14. Maiden name Bertha C. Kendall 15. Birthplace Hanover, Pa. 16. Informant J. A. Milburn (Include pregnancy within 8 months of death) Major findings of operations. Autopsy results. Autopsy results.	
Address Hagerstown, Maryland PHYSICIAN: Please maderline the cause to which death should be charge	d statistically.
22. VIOLENCE: It death was due to external causes, till in the following:	
17. Date Ihereot. Date Ihereot. (month) (day) (year) Accident, suicide, or homic continuation of the cont	
Cemetery or crematory Rose Hill Cemetery Where did injury occur? (Gry Origin) (Gould)	(State)
Location Hagerstown, Maryland injured at home, farm, industry, with place (where?)	
	na
18. Funeral director	MEDICAL "
	H. CO., MD.
Mass, 11 117 loteast Bowers 23. SIGNATURE.	or or
19	3/19/4

MAR 13 1947

Elnora M. Semler My information is that Mrs Semler was received at the Hospital with a very weak pulse, and that she linger about 1 ho, beerg Pike (Hagerstown RFII #4) at not at home on the Downsville Pete - evlich is in the conforate limits A Hagerstour Christ Bevers

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (254) CERTIFICATE OF DEATH

How long in above place	agerstown utside city or town lir of death? street address where d ton Count	nita, write RURAL and give nearest town) 35 years lealh occurred: V Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland City or town Hagerstown (if outside city or town limits, write RURAL and give nearest town) Street No. 626 George St. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAMI		ry V. Shanholtz		3. (b) Social Security 1	A COURT OF THE PARTY.
4. Sex Female		8.(a)Single, married, widowed, or divorced Married	MEDICAL CI	ERTIFICATION 1947 8:10	, P.
	Nar.	s W. Shanholtz 5.(c) If alive, give age years 7, 1912	21. I CERTIFY that death occurred on the date about 3/13/47 and that I last saw h. C.P. alive on	ove stated; that I attended decea 28/47/28/47	ased from
8. AGE: Years 35	Months	Days If less than one day 23 hrsmin.	Immediais cause of death. Acute Hempatits w	ith Toxemia	DUNATION
1D. Usual occupation 11. Industry or business 12. Name	Home D Tharles R Vashingto	Boward n County, Md.	Due to		
15. Birthplace	Vashing to ewis W. S	th Boward n County, Md. hanholtz	Major fiadings of operations 1. 21/2. Inc. Abortion Autopsy results.	2 mos. Preg	
17 Burial		t Hagerstown, Md. Date thereof Mar. 31, 1947 (month) (day) (year) Hill Cemetery	PHYSICIAN: Please underline the cause to wi 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	uses, fill in the following;	
Location 18. Funeral director	Hager Fred W.	stown, Md. Kraiss	Injured at home, farm, Industry, public place (w	Injured at work?	
-	Hagersto	Wn MC & Registrar	23. SIGNATURE NO XIII. Hag. Md.	M. D. c	or3the29/47

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MARYLAND STATE DEPARTMENT OF HEALTH MO

CERTIFICATE OF STILLBIRTH Reg. Dist. No...
A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Washington City or town (If outside city or town limits, write RURAL and give nearest town)		State Laryland County Washington
	Street address, hospital, or institution:		City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
	Washington County Hospital		
	Length of mother's stay in County		Street No. 443 Mineral Avenue (If RURAL give LOCATION)
	Name of child Unnamed	4.	Date of birth Mar. 5 19 47 Hour. M.
5.	Sex Female 6. Twin or triplet	7.	No. of weeks pregnancy
	FATHER OF CHILD		MOTHER OF CHILD
8.	Full name Raymond H. Shantz	12.	Full maiden name Helen V. Smith
9.	Color	13.	Color
11.	Usual occupation	15.	Usual occupation.
16.	Other children born to mother (not including present child):	(a)	How many children of this mother are now living?
_			(c) How many other children were born dead? 3
	Did child die before labor? During labor?	21.	Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
18.	Pregnancy complications of Grand alian	,	(a) Fetal causes () (a) Fetal causes () (a) Fetal causes () (a) ()
19.	Labor (a) Complications of Deception		(b) Maternal causes
20	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead*
20.	(b) State all operations, if any (Yes or No)		on the date and hour above stated.
W.	(b) Drate all Operations, II ally		Signature & Floring Liver
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address Williams Solot to led
23.	(a) Burial (b) Date thereof Mar. Z-47 (Burial, cremation or removal) Rose (month) (day) (year) (c) Cemetery or crematory Ryange (month) (day) (year)		(a)37
24	(a) Funeral director Fred W. Kraiss	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
24.	(b) Address Hagerstown, Md.		
-	• See Instruction C on stub.		The state of the s

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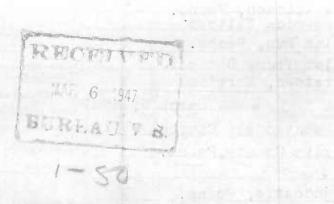
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Dist. No. 258 2 0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Washington	State Maryland county Washington
City or fown	THE CONTRACTOR LINGS OF
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 138 S. Locust St.
143 S.Locust St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME	3. (b) Social Security Number
CHARLES DAVID ZIEGLER	SHATZER 180-10-8947
4. Ssx 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE OF DEATH
5.(b) Name of husband or wifeLillian Young	21 I CERTIFY that digith occurred on the date above stated: that I attended deceased from
	March 10 47 10 Man 4 10 4
7. Birth date of	and that I last saw h 1 the on the different 18 7
deceased (mo., day, yr.) June 3, 1899	
8. AGE: Years Months Days If less than one day	Summediate cross of death Cultury of Lungo DURATION
47 8 28hrsmln.	
9. Birthplace Antrim Township, Penna. (Town, county, and state)	Due fo
10. Usual occupation Laborer	Due to.
1f. Indusfry or business Well Digging	500 IV.
Harry C. Shatzer 13. Birthglace Williamson Penns	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Rebecca Elliott	
Welch Pun Denne	Major findings of operations
14. Maiden name Rebecca Elliott 15. Sirthplace Welsh Run, Penna. 16. Informant Lillian Young Shatzer	
16. Informant Lillian Young Shatzer	Astopsy results.
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof March 5, 194 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Montgomery Church	Where did injury occur?
Location Franklin County Penna.	Injured at home, farm, industry, public place (where?)
18. Funeral director factor Attention	Means of Injury Injured at work?
Address Greencastle, Penna.	Mall Patelle 11 A
Me y 17 14 alle and	23. SIGNATURE. M. D. Pother
19. May. 4, 19. 4 May Thoward Registrar	TOGALAMA MILL
(Dato rec.d by registrar) (Dato rec.d by registrar)	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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2411 N. Charles St., Baltimor

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 302 6

			02111111011	Reg. Dist. No). XX.
	hington erstown biside city or town li	mits, write R	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Maryland County Washing City or town Hagerstown (If outside city or town limits, write RURAL and give	
Hospital, Institution, or West Ant	street address where	death are seend	:	Street No. 414 George St. (If rural, give LOCATION) 2.(a) If veteran, name war. None	•
3. (a) FULL NAME JOHN				3. (b) Social Section 217-10	rity Number 8
4. Sex Male	5. Color or race White		married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	P P N
6.(b) Name of husband	or wife	ry 1.	Lynn) if alive, give age 61 years	21. I CENTIFY that death occurred on the date above stated; that I attended	deceased from
7. Birth date of deceased (mo., day, yr 8. AGE: Years	0 . 1 3.	er 21	1883 If less than one day	Immediate cause of death	19.4
63	4	23	hrs,min.	Coronary oschusion	1945
9. Birthplace	Sheet N		orker	Due to fileiletiere	
13. Birthplace	ohn Sigl Ringgo	er		Other conditions	
15. Birthplace	Ringg	old M		Major findings of operations	
16, informant	Mrs. Eli Hage	zabet		Autopsy results	arged statistically.
Buri (Burial, cremation,	al or removal. Which? Manor		of 3/17/47 (month) (day) (year) tery	22. VIOLENCE: If death was one p external causes, fill in the following: Accident, suicide, or homicide	(State)
	near Til	ghuan		Injured at home, farm, industry, public place (where?)	?
Address Mars.	,		town Md	23, SIGNATURE & CAR MUST Kelly	ww.
19. (Date rec'd by reg	distrar)		Registrar	Address Dagentery , Inch. Date st	3/15/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19/-9)



03286

CERTIFICATE OF DEATH

Reg. Dist. No. 3050

I. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Washington	State Marueland county Washington
Cily or town (If outside city or town limits, write RURAL and give nearest town)	City or town Nead County (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Booksbors Md. R. 2	Street No. 13 Donston Md. (7, 2.
How long in hospital or institution?	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cora M. Smith	hone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION +
Daniel White Widowing	20. DATE OF DEATH 200 19. 47, at 3 a. M
B.(b) Name of husband or wife Athur Smith	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Meerlan 7" 18 46 10 Brack 23" 18 47.
7. Birth date of	and that I last saw h Artalive on 223 " 19 47
deceased (mo., day, yr.) () elvruay - 15 - 1870	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chamilton the Street 16Am
77 78hrsmin.	
9. Birthplace middletorin 3 red, Cs. md	Due to
(lown, county, and state)	
10. Usual occupation Housekeeper	Que to
11. Industry or business . Two House.	500 TG.
E 12. Name William Wise	Pther conditions
12. Name William Wise 13. Birthplace Widdletown Dred. Co. md.	
	(Include pregnancy within 3 months of death)
	Major fiudings of operations.
	Date of op.
16. Informant Mrs. Ray Potter	Autopsy results
Address Marning Side are. Hagustournd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Reformed Cemetary	Where did injury occur? (City or town) (County) (State)
Location middletown md. J	Injured at home, farm, Industry, public place (where?)
18. Funeral director WM A Bast 95000	Means of Injury Injured at work?
Address Birmshas md:	C11121 h. A
- 1 /D	23. SIGNATURE M. D. OR OR OR OFFI
19. O arch 25 19 47 Addres A. Registrar	address Baccolony Ind. Date signed 3/24/47.

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CEPTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. Diat. No)2
1. PLACE OF DEATH:	ton			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of		
City or fown Maugans			***************************************	State Maryland c	washington	***************************************
(If outside eit. How long in above place of death?	or town limit	s, write R	URAL and give nearest town)	Managamared 1.1		
Hospital, Institution, or street add	ress where dea	th occurred	:	Street No. Main St.		
Main St	No	ne	***************************************	. (If rural, gi	ve LOCATION)	
How long in hospital or institution	?			2.(a) If veteran, name war. None		
3. (a) FULL NAME MAF	Y OSW	AAD 1	WINTER SMITH		3. (b) Social Security Nu None	ımber
4. Se1 5. Color	or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL O	CERTIFICATION (21
Fenale Wh	ite]	Divorced	20. DATE DF DEATH March 16	_	
S (b) Name of husband or wife				21. I CERTIFY that death occurred on the date a	bove stated; that I attended decease	d from
			e) If alive, give age 58 yea		9, to	19
7 Right date of	ebrua:			and that I last saw halive on		19
	obrua.	Days	1892	Suffocation by h	ancing	DURATION
55	7	15	hrs. mi	Surrogation by th	EIIB I IIB	***************
	marri 1 1	-		<u> </u>		100000000000000000000000000000000000000
9. Birthplace	(Town, cou	inty, and s	Mashington Co.	Vonde jo		****************
10. Usual occupationHo	usew11	e.		Due to.		************************
11. Industry or business OW	n home	9		Due 19.	1	******************
	etown				*	
置 14. Malden name Mar	v Funk			(Include pregnancy within	3 months of death)	
14. Malden name	.J			Major findings of operations		
14. Malden name Mar 15. Birthplace Will 16. Informant Elmer	lamspo	rti	Ma.			
16. Informant Elmer	Winte	er		Antopsy results None PHYSICIAN: Please underline the cause to		tistis a No
Address Hagers	town 1	Ad.				tisticany.
Burial (Burial, cremation, or remov		Date there	of 3/19/47 (month) (day) (year)	22. VIOLENCE: It death was due to external c Accident, suicide, or homicide		6/47
				Mugansv	ille Wash.	Md.
			emetery	(City or town	(County)	State)
Location Hagers	town 1	ld.			9.2	
18. Funeral directorAnd	rew K	Co.f	fran	Means of injury Hanging	tnjured at work? N	
	stown			1100-119	00 DEPUTY MEDIC	
740		10	Lastis men al	23. SIGNOUTE VELLE	WASH CO.	MD
19. (Date rec'd by registrar)	1947	10 R	Registra	Hagerstown,	Date signed	/17/4

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PLEASE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RPC 771

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STATE OF THE STATE OF

9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03288 Reg. Diat. No. 30

I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Many County County County City or town limps, wright URAL and give nearest town) Street No
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Lemplo white lived / Hour	MEDICAL CERTIFICATION 20. DATE OF DEATH. 3 4 12 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended doceased from 19
10. Usual occupation	Other conditions
Address Sharbelus Ph D. — 1 17 March 7 Bate thereof March 7 1947 (Burfal, on 1, of Jal. Walt) Complete or craftlery Salam A. V. Q.	Autopsy results
18. Funeral director Edita U Seat Madress avilleams fort md	Injured at home, tarm, industry, public place (where?)



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VS A15

PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH



2. USUAL RESIDENCE (HOME) OF DECEASED:

03289

Reg. Dist. No. 3820

	(For newborn infants give residence of mother) State. Maryland County, Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest tow Street No. 908 Spruce Street (If rural, give LOCATION)	ital	mits, write RU 30 death occurred:	stown, de city or town eath? et address where Count	Hacer (if outside of detailed on the street	How long in about Hospital, instit
	2.(a) If veteran, name war.	FKS	M. F.	itulion?		
	3. (b) Social Security Number	. Snyder		Free	L NAME	3. (a) FULL
	MEDICAL CERTIFICATION	married, widowed, or divorced		Color or race	5.	4. Ser
8:20A	20. DATE OF DEATH Max 3 1 19 47 at 8:	ried	Mar	hite	W	Male
19. 47	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from War 17. 19 4 7., to Mar 3 / and that I last saw h / M. alive on Mar 3 / Immediate earse of death 142 and failure.	der If allve, give age, 1878	6.(c)	ne Mary Decem	it	8.(b) Name of 7. Birth date of deceased (m
2011/11/21	Immediate cause of dear	tf less than one day	Days	Months	Years	8. AGE:
		hrs	0	3 Willia	68	
	Due to. Corona artery Scleropea Due to. Dither conditions. Generalized arterio-	ate) adman r	Snyder	etired imon P	upationR.6	11. Industry or
	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		Lefe	unknov	en name	14. Maide 15. Birthp
	Autopsy results					
	22. VIOLENCE: if death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	4-2-47 (month) (day) (yes	Date thereo	removal, Which	ial	17. Bur (Burial, cr.
		Location Williamsport, Maryland				
OL W/D	Meens of Injury Injured at work? 23. SIGNATURE. Robert Vh. Carry bell N. D. or other	Sons nd	er & S Marylan	M. Sutown,	egers	18. Funeral di
Sta	PHYSICIAN: Please underline the eause to which death should be charged statist 22. VIOLENCE: if death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	land (4-2-47 (month) (day) (yes	Maryl Date thereo view Maryl Ger & S Maryla	Rivery amspor M. Su town,	Hage: ial emation.or Willi Willi director C.	Address 17. Burial, cr (Burial, cr Cemetery or Location

& Roll Course



UNFADING INK. Supply every item of information carefully.

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May, 14, (Date rec'd by registrar)

1947

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Hoffman 03290

Registrar Address 2 14 N. Potomac Ut Date signed Mar. 14-47

CERTIFICAT	TE OF DEATH Reg. Diat. No. 302		
1. PLACE OF DEATH: County. Washington City or town. Hagerstown City or town ilmits, write RURAL and give nearest town) How long in above place of death? Years Hospital, institution, or street address where death occurred: 49 East Lincoln Ave How long in hospital or institution? None	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Washington City or town (If outside city or town limits, write RURAL and give nearest town) 49 East Lincoln Ave (If rural, give LOCATION) 2.(a) If veteran, name war. None		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Alice Jane Sowers	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH. March 14 1947 19 31 8.30		
George O. 5.(b) Name of husband or wife 5.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 49 9 10 hrs. min. 9. Birthplace Five Forks Franklin Co. Pa. (Town, county, and state) Housewife 10. Usual occupation. 11. Industry or business Uwn Home 12. Name Daniel W. Singer Years Uaniel W. Singer Years 13. Birthplace Five Forks Pa	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from March 6 19.47, to March 14 19.47, and that I last saw h.e.r. alive on March 14 19.47 Immediate cause of death DURATION Ay pertensive Cardio-Vascia Due to Due to (Include pregnancy within 3 months of death)		
	(Include pregnancy within 3 months of death) Major findings ol operations		
14. Malden name Susan Garman 15. Birthplace Lancaster Pa.	Major findings of operations. Date of op. N.D.		
16. Informant Daniel S. Sowers	Autopsy results		
Address Hagerstown Md. Burial 3/16/47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Crimd Stone Hill Cemetery Location near Chambersburg Pa.	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?		
18. Funeral director			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183-2

Reg. Diat. No. 307

CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
1. PLACE OF DEATH: County		State Maryland county Washington City or iown (Rural) Weverton (If outside city or town limits, write RURAL and give nearest town)			
	r street address where to		Street No		
3. (a) FULL NAM	IE	mma Spencer		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Married		9, 19.47, a10:50R	
7 Bid dele ef	or wife John	Alvin Spencer B.(e) If allye, give age 81 years 3. 1866	21. I CERTIFY that death occurred on the date at and that I last saw h. Rec. alive on	ove stated; that I attended deceased from 4. 2 to Mosel 1 19 47 1. March 7. 19 47	
8. AGE: Year		Days tf less than one day 24hrsmin.	Immediate cause of death	Dousserhand for 147	
		nty, Maryland	Due to		
10. Usual occupation.	Housewi:	fe		***************************************	
	ss Own Home		Due to		
El. Joh	nn Alexan	der Campbell			
		n County, Maryland	Other conditions		
□ 13. Birinplace W	Martha A	nn Eastman	(Include pregnancy within 3	months of death)	
14. Maiden name	mai ona A	nn Eastman City, Maryland L. Spencer	Major fiedings of operations		
15. Birthplace	Ellicott (City, Maryland			
16. Informant Mr	. Clinton	L. Spencer	Autopsy results.		
Address Kr	noxville.	Md., R.F.D. # 1	PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
Hadioss		Date thereof March 12, 194"	22. VIOLENCE: If death was due to external ca		
Cemetery or cremat	lory S C. Luk!	e's Episcopal Cemete	(City or town)	(County) (State)	
LocationBr	cownsville	, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	meli	y. Straes	Means of Injury	Injured at work?	
Address Ch	arles To	wn, West Va.	1.///	1/6, , , , , , , , ,	
19. May./a	2 19 4.7 d	Cornelius H. Castle Registrar	23. SIGNATURE	C. N. J. Date Signed March 11.40	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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1. PLACE OF DEATH

BEADSEL AND	D COLABE	DED A DESCRIPT	OF	THE AT PET
MAKILAN	D STAIL	DEPARTMENT	Ur	HEALIH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No. 3 02

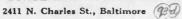
CountyWashille Con	(For newborn infants give residence of mother)		
TOTAL CONTRACT TO LIGHT OF	State Maryland county Washington		
(If outside eity or town limits, write RURAL and give nearest town)	STATE COUNTY		
How long in above place of death? 1 Year	City or town		
How long in above place of death?			
Hospital, institution, or street address where death occurred: 419 V. Antietam Street	Street No. 419 W. Antietan Street		
	(If rural, give LOCATION)		
How long in hospital or institution? 2 days	2.(a) If veleran, name war		
	\$1,407 11 reterior, manie wat		
3.(a) FULL NAME Carrie Elizabeth Summ	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	WEDICAL CERTIFICATION		
	20. DATE OF DEATH March 21, 1947 18 10:30	2 .	
6.(6) Name of husband or wife. Elmer M. Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	1,7	
	near 20 147 10 Mar 21	94/	
6.(c) If alive, give ageyears	aed that I last saw bel alive on Mar 21	. V7	
7. Birth date of deceased (mo., day, yr.) April , 1910	aed that I last saw R. C. allye on	3f	
deceased (mg., day, yt.)	Immediate cause of death	RATION	
8. AGE: Years Months Days If less than one day			
36 10 hrs. min.	Deabries Melele		
Thomas in Co Do			
9. Birthplace (Town, county, and state)	Due to		
(Town, county, and state)			
10. Usual occupation Home Duties		**************	
IB, Sanat decopation	Due to		
11. Industry or business			
Soith William Smith	Diher conditions		
En aklin Co Pa	Britist Conditions		
	(Include pregnancy within 3 months of death)		
Alice Mills			
14. Maiden name	Major findings of operatious		
Alice Mills 14. Malden name Pranklin Co., Pa.			
18. Informant Flmer M. Sum ers.	Autopsy results.		
Address 419 W. Antietam St Hagerstown	PHYSICIAN: Please underline the cause to which death should be charged statistically	у.	
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Buris 1 Date thereof lar 24. 194 (Burial, cremation, or removal, Which?) (month) (day) (year)	לו		
17. Date thereof Ar 24. 194 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	************	
Cemetery or crematory Rose Fill Cemetery	Where did Injury occur? (City or town) (County) (State)		
Honoretown I'd			
Location Hagerstown, Md.	Injured at home, farm, Industry, public place (where?)	************	
Fred W. Kraise	Means of injury Injured at work?		
18. Funeral director.			
Address Hagerstown, 1d.	11/100		
Address 100 110 110	23. SIGNATURE Selle Januay, M. D. or other	***********	
Wear, 25. 117 Graphian		1. 11.	
(Date rec'd by registrar) Registrar	Address begusteren. hul Bate signed 3/2	4-1	
(Date lee of DJ registrar)	Maniess alguera	7	

MAR 27 194?

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MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

Reg. Diat. No.

City or town	ington gerstown outside city or town live of death? 25 or street address where earfoss or institution?	R.F.D. nits, write RURAL and give nearest town) Years leath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington Hagerstown R.F.D. (If outside city or town limits, write RURAL and give nearest town) Street No. near Cearfoss (If ours, give LOCATION) None 2.(a) If veteran, name war		
3. (a) FULL NAM	ΙE			3. (b) Social Securit	
		WASHINGTON STOUFFER		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Widowed	20. DATE OF DEATH March 27	19.4.7.	at 4:30P N
6.(b) Name of husband	or wife		21. I CERTIFY that death occurred on the date	above stated; that I attended de	ceased from
7. Birth date of deceased (mo., day,	w July 3	1859	II .	•	
8. AGE: Year		Days If less than one day	Immediate cause of death		UUNAIIUN
8	8 8	24hrsmin.	Che. Mr. work	£	
		shington Co. Md.	Due 10. Carrilly		10 40
	Daldma		Oue 10		*****
11. Industry or busine		uffer			
	^ .		Other conditions	***************************************	****
			(Include pregnancy within	3 months of death)	
14. Maiden name	Catheri	ne Gouker	Major findings of operations		
€ 15. Birthplace	Beaver	Creek Md.		Date of op	
16. Informant	s. Cathe	ine Reiff	Autopsy results		T
Address H	lagerstown	Md. R.F.D.	PHYSICIAN: Please underline the cause to		ed statistically.
		7/70/10	22. VIOLENCE: If death was due to external		
	n, or removal. Which?)		Accident, suicide, or homicide		
Cemetery or crema	tory BroadI	ording Cemetery	Where did injury occur?(City or town		
LocationB	roadfordi	ng Md.	Injured at home, farm, industry, public place		****************************
18. Funeral director	Andrew K	. Coffman	Means of injury	Injured at work?	
	gerstown		Star C	100	
19. Mars.	28. 1047	Graf Howers,	23. SIGNATURE	M, I	O, or other
(Date rec'd by r	egistrar)	Kegistrar	Address		/////

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Ewidence for the addition of	YLAND STATE DEPARTMENT OF HEALTH
is shown on G 109 $4/7/47$	CERTIFICATE OF DEATH

	CERT	IFICATE	OF D	EATH
--	------	----------------	------	------

E	OF DEATH	Reg. Dist. No. 30 20
2.	UŞUAL RESIDENCE (HOME) OI	F DECEASED:

1. PLACE OF DEATH: /// A D DAGG & Tarry	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	state Maryland County Washinston
(If on side city or town limits, write HERAL and give nesrest town)	City or town Hagerstown
ow long in above place of death?	(If outside city) of town limits, write RURAL and use negrest town)
ashington County Haspita	Streef No. (If rural, give LOCATION)
ow long in hospital or institution. I days	2.(a) If yeteran, name war.
S. (a) FULL NAME Henson Sulling	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	23 MEDICAL CERTIFICATION
male Regri Single	20. DATE OF DEATH 25 March 19 4.7 21
5. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
	18 Mark 19 47 10 23 March 19 4
deceased (mo., day, yr.) Unfriend 1896	and that I last saw h. Annalive on
B. AGE: Years Months Days If less than one day	Immediate state of death DURATION WILL WARRING WARRING
51m	
Birthplace (Learsphine Mb (Town, county, and state)	Due fo
10. Usual occupation.	Due to
11. Industry or business	Due to
12. Name	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Unknougu 15. Birthplace Unknougu	Major findings of operations.
21 15. Birthpiace	Date of op.
16. Informant 55	Antopsy results
Address 33 W. Parti street	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or reports). Which?) [Burial, cremation, or reports]. Which?)	Accident, suicide, or homicide
Cemetery or crematory Rose Hell Cemetery	Where did Injury occur?(City or town) (County) (State)
Harestermed nel	Injured at home, farm, Industry, public place (where?)
Location Decarding	Means of injury Injured-al work?
18. Funeral director for the first of the fi	TAY I
Address 29/ Treducto St Jagerstown	23. SIGNATURE J Juston
19 Mars. 26, 194/ CERRITIZOWER	M. D. co-other
(Date rec'd by registrar) Registr	ar Address 2.30 N Forman Date signed 26 My



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Th

Dr. Yeager 292 Dr. wells 3294

			CERTIFICAT	TE OF DEATH	Reg. Dist. No	302 C
1. PLACE OF DEATH: County			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the state of th	mother) Mashing Mas	earest town)
3. (a) FULL NAME					3. (b) Social Security None	Number
JOHN HEIN	RY TEWAL 5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	p
Male	white		rried	March 22 7		9.30
				20. DATE OF DEATH NEST CIT CO. 1		
6,(b) Name of husband o	r wife	Ge W.	58	21. I CENIIFY that death occurred on the date abo		
7. Birth date of			c) It alive, give age	and that I last saw halive on		19
deceased (mo., day, yr.	Januar Months	y 16	1885	Immeditte cause of death		OURATION
8. AGE: Years	2	16	hrsmin.	Misteles me	lleters	***************************************
9. Birthplace F18	Shoe M	l Fra	nklin Co. Va.	Due to		
11. Industry or business	Own Sh	op		Due to	•••••	****
至 12. Hame N	athahiel ishers H		ilt a.	Dther conditions		
14. Maiden name	France			(Include pregnancy within 8 m		
€ 15. Birthplace	Fisher			Date of op.		
16. Intermant Mrs. Grace Tewalt			lt	Autopsy results	tich doub should be charged	Latatiotically
Address Hagerstown Md. 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory St Pauls Cemetery			eof 3/25/47 (month) (day) (year)	22. VfOLENCE: It death was due to external cau Accident, suicide, or homicide	ises, fill in the following;	
21 4 4						
			Md.	Injured at home, farm, Industry, public place (will Misans of Injury	here?)	
18. Funeral director				Massins 01 Injuly		MEDICAL EXAM.
Address	Hagerst	own l	de	23. SIGNATURE AVAILAR	Tells WAS	
19. Mars, 2. (Date rec'd by reg	5, 1847 istrar)	6	least Louvel Registrar	Address Negentown		- Janela su

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

2 HIGHAL DESIDENCE (LICAME) OF DECEASED.

CERTIFICATE OF DEATH

(3296 eg. Dist. No. 3024

County Hagerstown Md City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Several Months Hospilal, institution, or street address where death occurred: Washington County Hospital	(For newborn infants give residence of mother) Md. County Washington City or lown Williamsport R.F.D.#2 (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Patricha Ann Thomas 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White no	20. DATE OF DEATH MATCH 13 19 47 at 11 320.4 at		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from		
8. AGE: Years Months Days If less than one day 28	Cardiae decompensation		
9. Birthplace. Washington Co Hospt 10. Usual occupation. None 11. Industry or business none 12. Name. Thomas Merle Thomas 13. Birthplace Williamsport Md R.F.D. #2	Due to Can general Hear Discus T Due to Atresia tricuspid value Patent Coramon ovale Other conditions Portent interventions (Include pregnancy within 3 months of death)		
Josophine Jackson Villiamsport Md R.F.D.#2	Major findings of operations		
Thomas M. Thomas Address Williamsport Md. R.F.D.#2	Autopsy results. Cangen: the out 10110 mg as always PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereof March 16 47 (Burial, eremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Riverview Cem	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Williamsport Md	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Address Williamsport Md	Meens of Injury Injured at work? 23. SIGNATURE Support of M. D. W. D.		
19. Mass. 14, 1947 Phatthsowers, (Date rec'd by registrar) Registrar	Address 214 2 . A Steware At - Date signed 3-14-4		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

COURATION

Reg. Diat. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Round Top) curity Number

	Nog. Dist. Ho.
1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County VV 2 S h i M Q l O M	State Maryland County Washingt
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 24 y 75.	(If outside city or town limits, write RURAL and give pearest town)
Hospital, Institution, or street address where death occurred:	street No Route # 1 (South side of Round)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Wesley True	
4. Sex 5. Color or race 6.(d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 3/8/47 19
6.(6) Name of husband or wife Irene Ada Spade True	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	December 10/65- 10 3/8/4) 11
7. Birth date of	and that I last saw harm alive on 3/1/143
deceased (mo., day, yr.) JUNE 10 1881	Immediair cause of death. A
8. AGE: Years Months Days If less than one day	Cerebral Heureumtrage Jan
65 8 26min.	A
9. Birthplace Buck Valley, Fulton Co, Penna,	Due to Executed Hepe, buseon 34
	sees 1 27
10. Usual occupation 13+0 Passenger Engineer	Due to Dieles Mellelies
11. Industry or business	
12. Name Martin True 13. Birthplace Virginia	Dither conditions
I 13. Birthplace Virginia	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
El 15. Birthplace Suck Valley, Penna,	Date of op.
16. Informant MTS. John W. True	Autopsy results
Address Route#1. Hancock Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically
20 1000	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. M.A. 12, 1941 (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Buck Valley Meth Church	Where did Injury occur?
Location Buck Valley Penna.	Injured at home, farm, industry, public place (where?)
18. Funeral director Charles R Bast	Means of Injury Injured at work?
Address Hancock, Md.	TEGalolo Mind

Registrar

MAR 13 1947

BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charlee St., Baltimore 45-0

03298 3030

CERTIFICATE OF DEATH Reg. Dist. No.				
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate			
4. Sex lale S. Color or race 6.(a) Single, married, widowed, or divorced Larried	MEDICAL CERTIFICATION 20. DATE DF DEATH Narch 19, 1947 19, 21, 5:30 Au			
6.(b) Name of husband or wife Eleanor B. Walrath 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) January 5, 1906	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to 19.47. and that I last saw h			
8. AGE: Years Months Days If less than one day 14 hrs	Carcinonya of Lubar & mo,			
9. Birthplace Herkimer County, New York (Town, county, and state) 1D. Usual occupation Employee Western Union 11. Industry or business Telegraph Company	Due to Du			
12. Name Henry W. Walrath 13. Birthplace New York 14. Malden name Gertie Crim 15. Birthplace New York	Other conditions			
New York 15. Mirthplace New York 16. Intermant	Autopsy results			
17 Burial Burial Date thereoffice (month) (day) (year) 4.7. Cemetery or crematory of Parall Charles (was the company)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Location Control 40. 18. Funeral director Snyder-Rowland Funeral Home Address Clear Spring, Md. 1. Mark 2 19 47 Appl W. Markar (Date rec'd by registrar) (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE Away P. Onewa M. D. or other Address Lear Spring Molate signed 3.122/4.			

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ADING INK. Supply every item of information carefully. The capacitans: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

CERTIFICATE OF DEATH

* 03299

Dr. Earl Young 296

			CERTIFIC	CATE OF DE		Reg. Diat. No.,,	
1. PLACE OF DEAT	THE CO. IN TAIL	ingtor	1 ,	2. USUAL RES	IDENCE (HOME) 0 n Infants give residence of		HALL FLE
Mospital, Institution, or st	reet address where t	leath occurred:	URAL and give nearest town) Years Street	Street No	land con agers town I foutside city or town limits 9 S. Potoms	write RURAL and give the LC	
How long in hospital or in	stitution?				me war None		
3. (a) FULL NAME	Albert		Williams			3. (b) Social Securit	
4. Sex	. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL C	ERTIFICATION	
Male	White		Married	2D. DATE OF DEATH.	March 21	194	7, at 10:30
6.(b) Name of husband or	wife	<u> </u>	Badie		death occurred on the date abo		
G.(o) hamo of hasaans or		6.(c) If alive, give age	Years 3/18	14/	10 3/2/	19
7. Birth date of deceased (mo., day, yr.)			1905	and that I last saw !	death alive on 3/2	1,14	DURATION
8. AGE: Years	Months	Days	If less than one day			1.	-1//
41	3	5	hrs.	min. Oleron	rang poc	lusion!	2/2/13
1D. Usual occupation 11. Industry or business	Supi Pang arry Wil	erviso gborn Lliams	Corp.	Oue to	<u> </u>		
13. Birthplace Martinsburg W. Va. 14. Maiden name		(I)	nclude pregnancy within 8	months of death)			
H 14. Maiden name			•••••••••••	Major findings of c	perations		
≥ 15. Birthplace	Hagersto	own Mc				Date of op	
10.111011111111111111111111111111111111				Autopsy results PHYSICIAN Pleas	se underline the eanse to w	hich death should be charg	ed statisticatly.
17. Burial (Burial, cremation, o		Date there	of 3/23/47 (month) (day) (year	22. VIOLENCE: If	death was due to external cau	uses, fill in the following:	
			Cemetery		(City or town)		
Location Hag	erstown	Md.			rm, Industry, public place (w		
18. Funeral director	Andrew I	C. Coi	fran	Msans of Injury	Il all	Injured al work?	
Address Hage	rstown 1	Vid.		6	Staffer	ing In	
19. Mars, Z.	57 19 47	64	asHBowe	23. SIGNATURE	lesson	M. I Date signe	D. or other

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MAR 37 1947

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correct age

1. PLACE OF DEATH:

Washington

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

W.	U	3	3	1	
1					

Washington

			(100 00)	
ERTIF	CATE	OF	DEATH	

302 Reg. Dist. No. ...

City or town. Rural Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 months Hospital, institution, or street address where death occurred: Downsville Pike How long in hospital or institution? 3. (a) FULL NAME	State Maryland cousty Washington City or town. Fural Hacerstown, (If outside city or town limits, write RURAL and give nearest town) Downswille Fike (If rural, give LOCATION) 2.(a) If veteran, name war. Spanish American Mar
John W. Willis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH MATCH 19, 1947 4:15, P.
6.(b) Name of husband or wife Ella R. Willis 7. Birth date of Dec. 3, 1874 deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 16 19 47. and that I last saw h.L. M. alive on Mar. 19 19 47. Immediate cause of death OURATION
8. AGE: Years Months Days It less than one day	Coronary Thrombosis 6days
9. Birthplace	Disease Bue to
John T. Willis 12. Name John T. Willis 13. Birthplace Charles Town, W. Va. Example 14. Malden name Sarah E. Kindel 15. Birthplace Charles Town, W. Va. 16. Informant Mrs. Ella R. Willis	Other conditions N.O. (Include pregnancy within 3 months of death) Major findings of operations. N.O. Bate of op.
Address Hagerstown, Md. RD 17 Burial (Burial, cremation, or removal, Which?) Antietam National Cemeter; Cemetery or crematory Location Sharpsburg, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 72. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Fred W. Kraiss Address. Hagerstown, Mg. 19. Mar. 21.19 47 Chast Bowers (Date rec'd by registrar)	Meens of Injury Injured at work? 13. SIGNATURE Lland A. Hoffenson M. D. or other Address 2 14 N. Paterroe St. Baie stened M. 2.7. 20 - 4.

MAR 24 1947

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

03301

Reg. Dist. No. 302

County Washington City or town Rural Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Supears Hospital, institution, or street address where death occurred: Faramount Dist. How long in hospital or institution? Glenn Richard Yeager	State Maryland County Washington City or town Rural Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. Paramount Dist. (If rural, give LOCATION) 2.(a) th veteran, name war. 3. (b) Social Security Number
1. Sea Lale White Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH Larch 14, 1947 19 21 11:45
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day	Diphthens 10 days
9. Birthplace	Due to Due to Dither conditions
16. Informant Lilton E. Veager Address Hagerstown, Md. R. D. 6 17. Runial Date thereof (Monorth) (day) (year) Cemetery or crematory Reiffs Lennonite Cemetery Location Cearfoss, Md.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due atternal causes, till in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?)
18. Funeral director Fred W. Kraiss Address Hagerstown, Md. 19. May, 17 (Date rec'd by registrar) 19. Control of the contro	nijured at work? Injured at work? 23. SIGNATURE A Sheet Well BEDICAL EXAM. M. D. O. M. D. D. D. O. M. D.

MAR 19 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

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CERTIFICATE OF DEATH

03302 %

CERTIFICAT	Reg. Dist. No.
I. PLACE OF DEATH: County Washington City or town Agerstown Md. (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Washington Coulty Hospital Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Washington City or town Figerstown/ Baltimore Ward No. (Froutside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 922 E. Pratt St. 2(a) IF VETERAN, NAME WAR.
Leter Town Kurs	or Yankus 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Singil, married, widowed, or divorced Male (b) Name ** ** ** ** ** ** ** ** ** ** ** ** **	MEDICAL CERTIFICATION 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6(c) If alive, give ageyears	which 18 19 43 10 Month 19 19 47
7. Birth date of deceased (mo., day, yr.) June 29 1894	and that I last saw howalive on
8. AGE: Years Months Days If less than one day	Impediate cause of death, DURATICH
52 8 18hrsmin.	Site was sometime stage
9. Birthplace	Due to Due to Due to
12. Name	Other conditions Tuber - years.
14. Malden name	(Include pregnancy within 8 months of desth) Major findings: PHYSICIAN
15. Birthplace	Of operations Please underline
16. Informant Augusta Yankus (Wife)	the cause to which death should be charged statistically.
Address Md. State Sanatorium	Of autopsy-
17. Burial Date thereof (month) (day) (year) Cemetery or crematory Holy Redeemer	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Belair Rd. Baltimore Md. 18. Funeral director Francisco Gella Noll	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 52 N. Morley St.	20 . T. T
19. 3 (Date rec'd by registrar) 19. Registrar	Address Have To Uld M. D. or other

Address.

Authorization for change in residence see report from the Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Patient was taken to the Wash. Co. Hospital for an operation and died of a strangulated hernia. Had been a patient at Tbc. San. since 3/5/38 and was a resident of 922 E. Pratt St. Balto. Md. 4/14/47. ams.